

# 2020 COMMUNITY BEHAVIORAL HEALTH NEEDS ASSESSMENT SUMMARY



KENAI • SOLDOTNA • STERLING • NIKISKI • KASILOF



## WHO WE ARE

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Change 4 the Kenai (C4K) is a Central Kenai Peninsula community coalition. The communities that comprise the Central Kenai Peninsula include Kenai, Soldotna, Sterling, Nikiski, and Kasilof. C4K is made up of community members, local agencies, law enforcement, government, and businesses that have united to work toward connecting our community. C4K is, in addition to being dedicated to understanding substance use in our community and the consequences of this use, particularly interested in better grasping the phenomena surrounding injection drug use.

## ACKNOWLEDGEMENTS

The strength and success of this Community Behavioral Health Needs Assessment (CBHNA) can be largely attributed to the diverse group of community members and leaders who took the time to be interviewed, respond to surveys, and participate in focus groups. These people are our community stakeholders, and they represent the broad spectrum of community members. Change 4 the Kenai believes that although our community stakeholders have diverse views, they all share one common aim: To improve the quality of our community as a whole. Because of their shared aim, the fact that their knowledge of our community's health needs is profound, and their participation – we are confident in this CBHNA.

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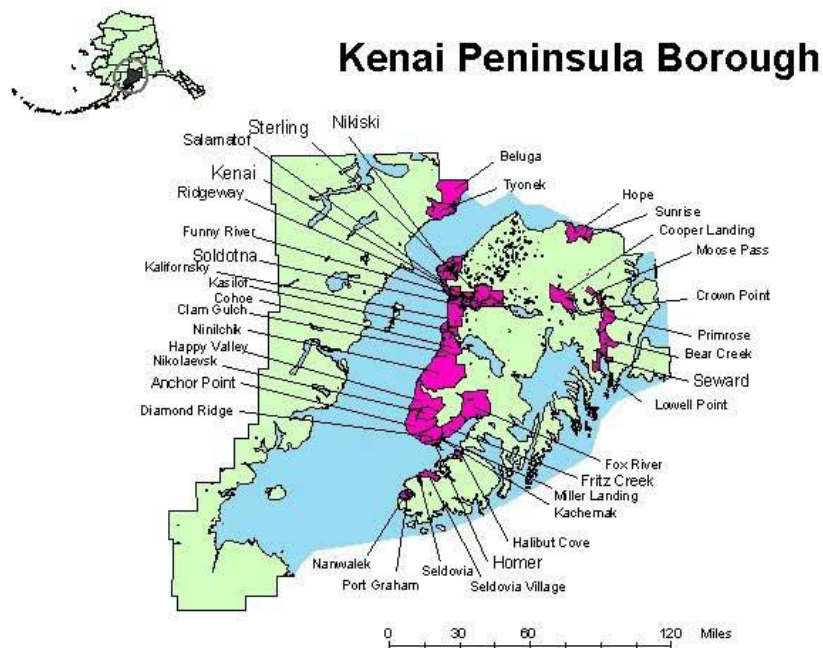
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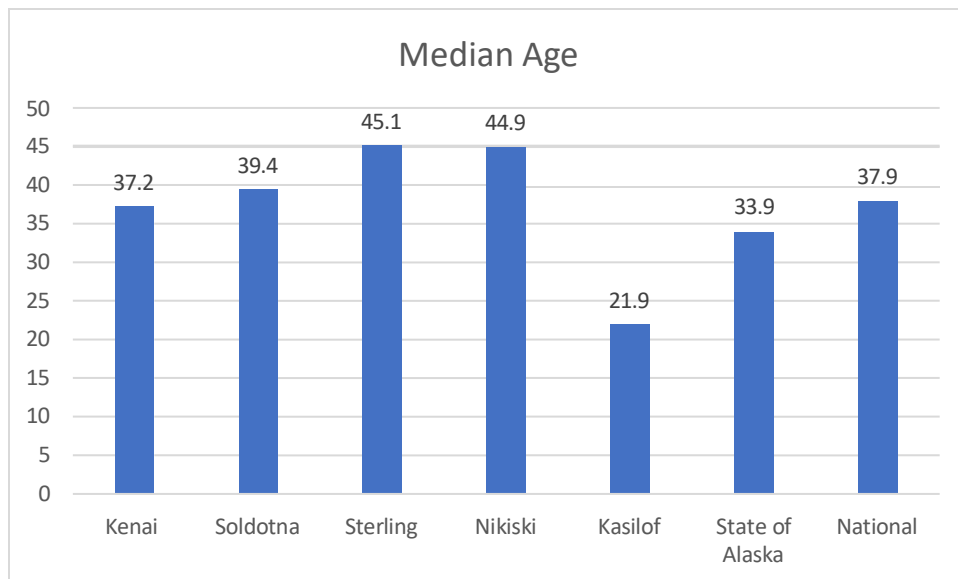
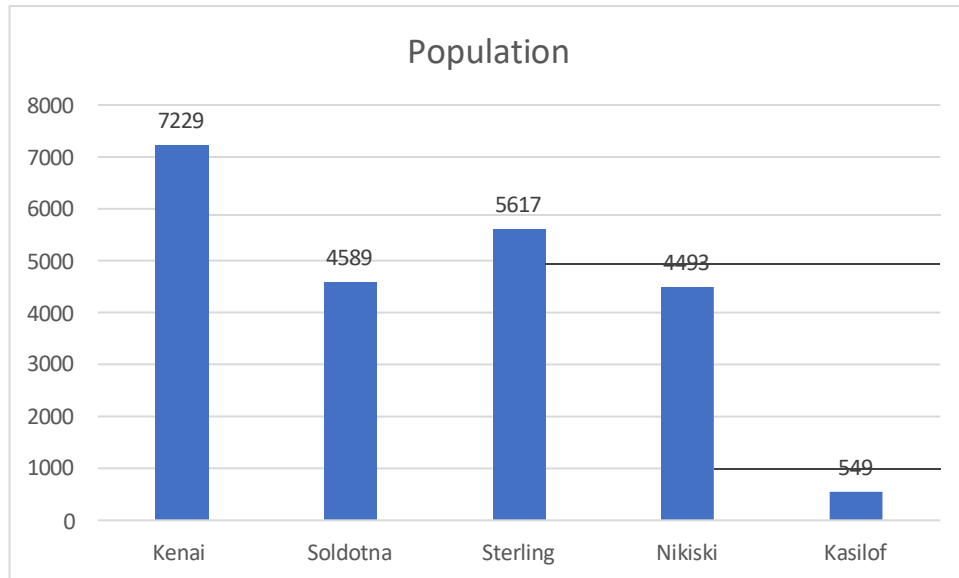
## Chapter 1 - OUR COMMUNITY

The strength and success of the 2020 Community Behavioral Health Needs Assessment (CBHNA) can be largely attributed to the diverse group of community members and leaders who took the time to be interviewed, respond to surveys, and participate in focus groups. These people are our community stakeholders, and they represent the broad spectrum of community members. Change 4 the Kenai believes that although our community stakeholders have diverse views, they all share one common aim: To improve the quality of our community.

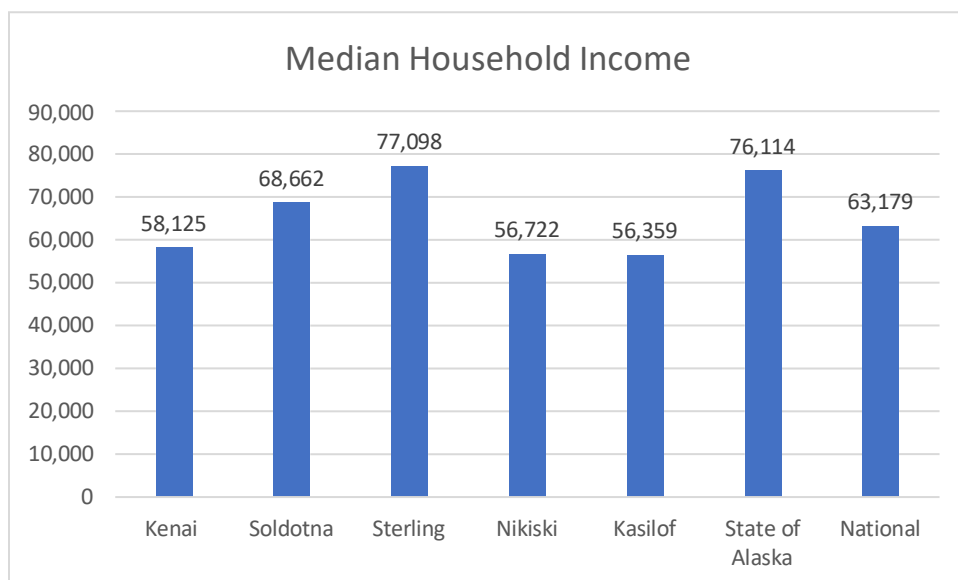
- The communities that comprise the Central Kenai Peninsula include Kenai, Soldotna, Sterling, Nikiski, and Kasilof.
- The Central Kenai Peninsula has a population of approximately 36,000 (2010 Census).
- At that time, it was difficult to assess if the overall population of the Central Kenai Peninsula was increasing or decreasing due to the fact the 2020 U.S. Census had not been completed yet.
- The median ages of Kenai and Soldotna were relatively close to the National average; however, the residents of Nikiski and Sterling were significantly older by a decade on average.
- The cost of living nearly doubles the national average on the Central Kenai Peninsula, with Kasilof and Sterling impacted the worst.
- High unemployment coupled with the decrease in economic opportunities was predicted to produce an increase in substance misuse, crime and domestic violence.
- The full impact of COVID 19 on the behavioral and physical needs of the overall community had yet to be determined on the Central Kenai Peninsula.



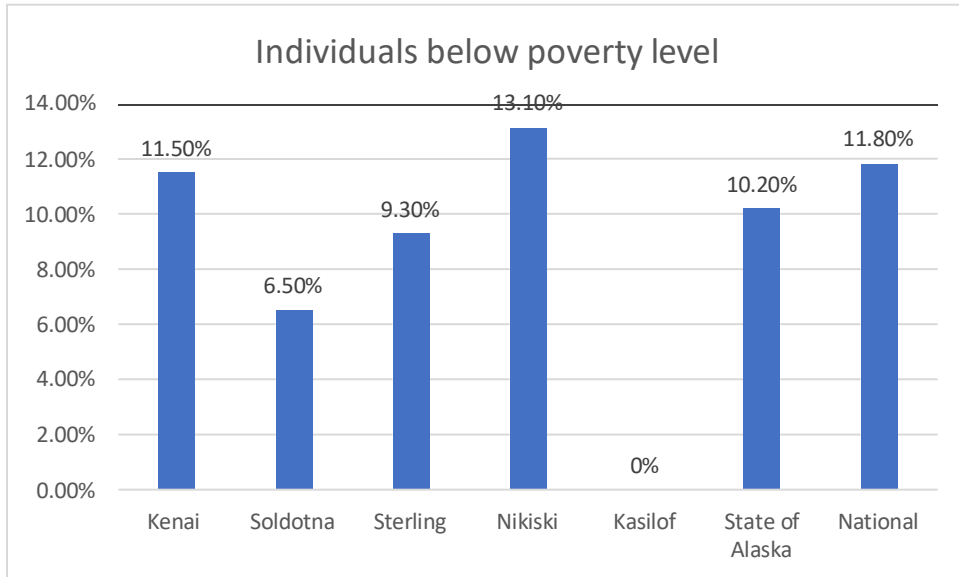
Source: Alaska Department of Labor And Workforce Development, Research and Analysis and US Census Bureau, 2000 Tigerline files.



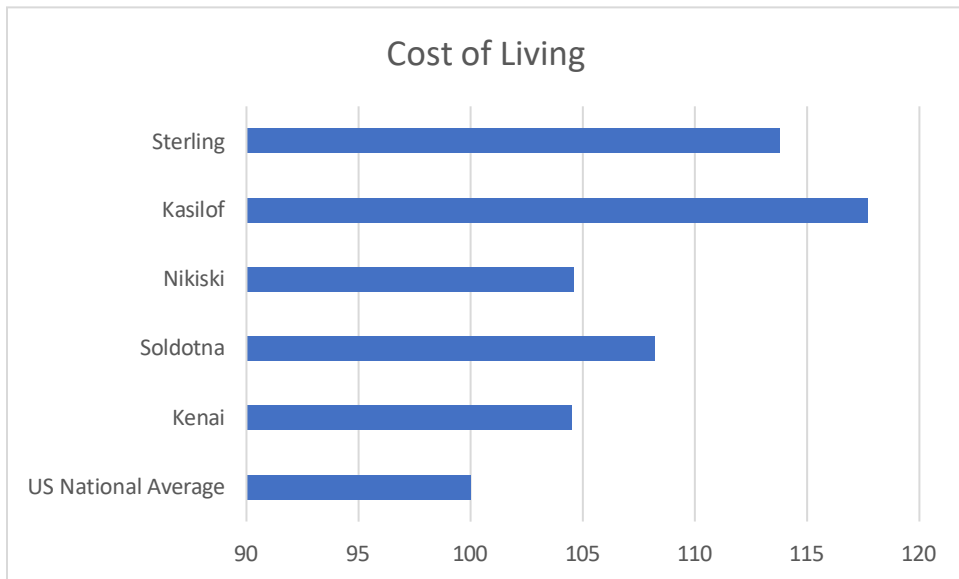
[https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml?src=bkmk](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk)



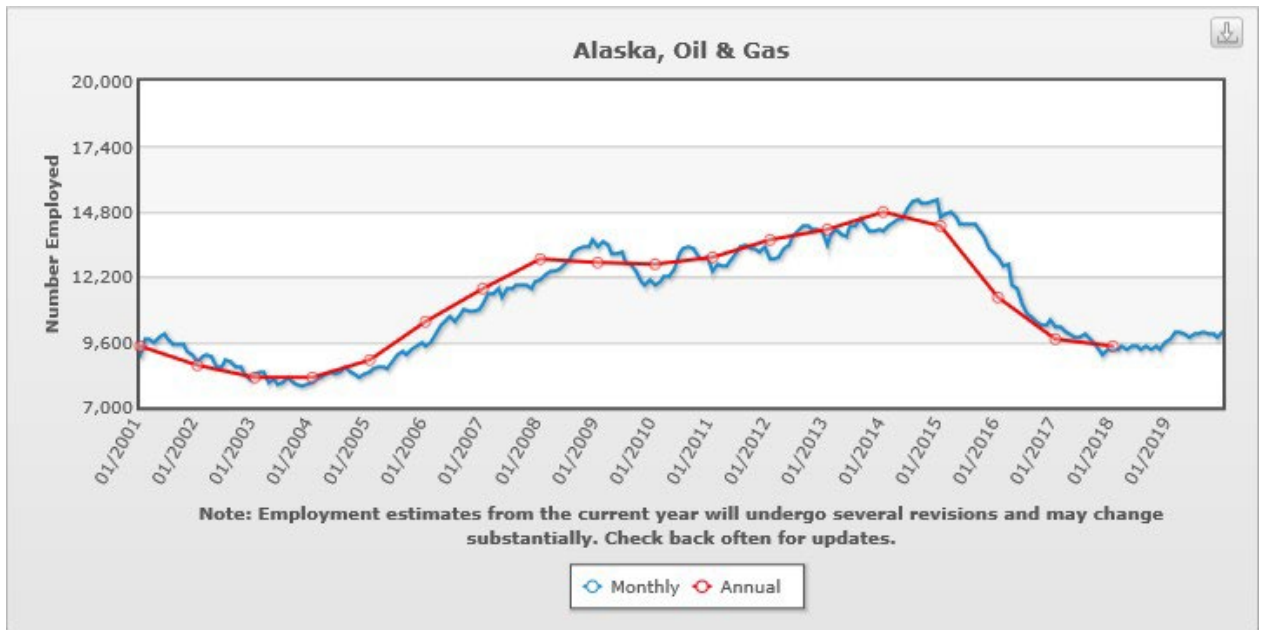
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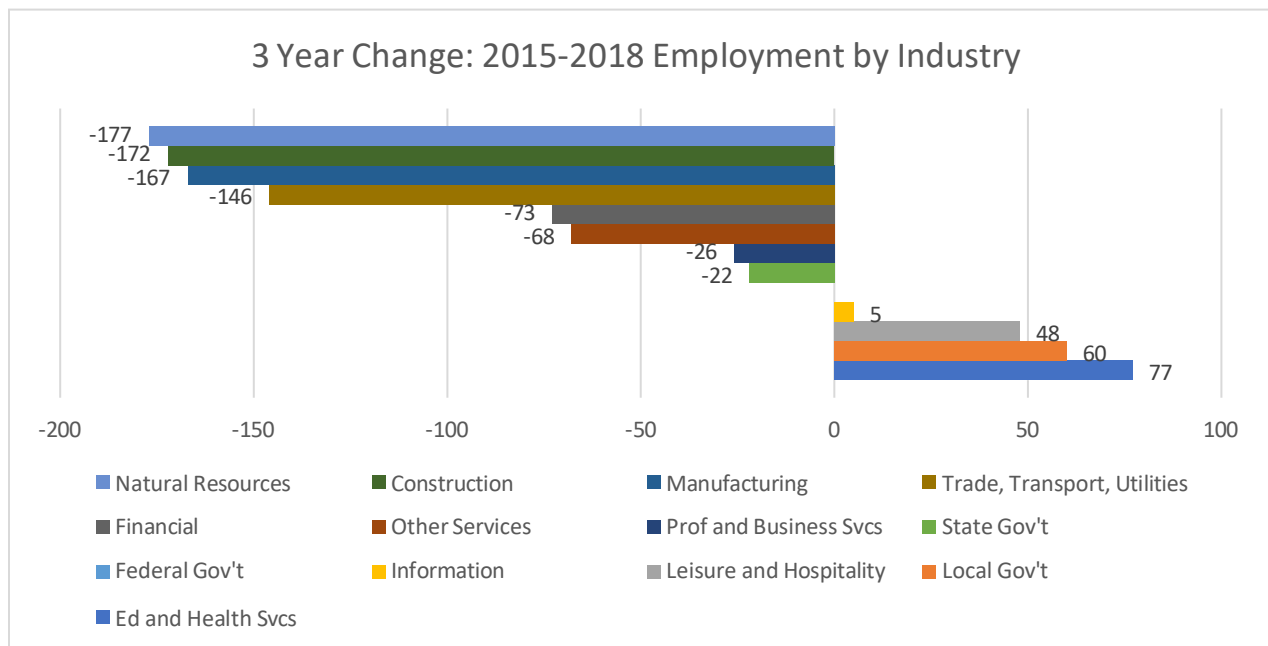
[https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml?src=bkmk](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk)



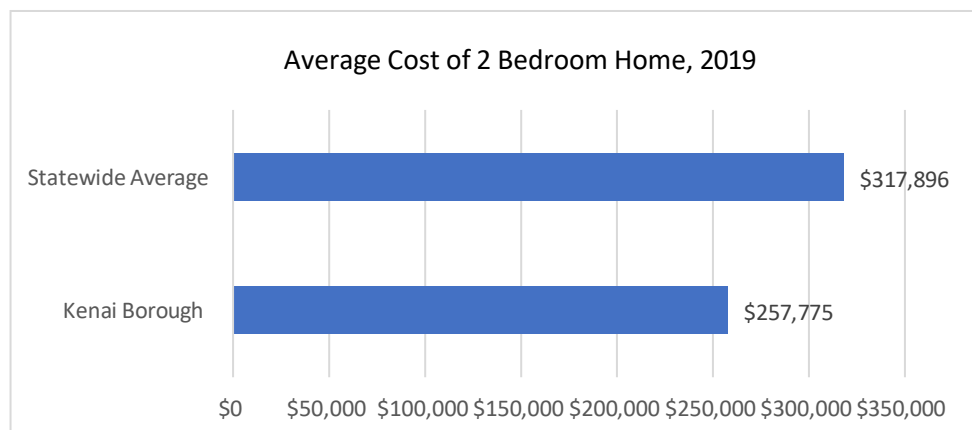
<https://www.bestplaces.net/cost-of-living/>



<http://live.laborstats.alaska.gov/ces/>



<https://kpedd.org/data-dashboard/>



<http://live.laborstats.alaska.gov/col/col.pdf>

## CHAPTER 2 – METHODS - Strategic Prevention Framework



Change 4 the Kenai utilized the Strategic Prevention Model developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) designed to build prevention capacity at the community level.

- The assessment team conducted 2 strength-based focus groups: though various methods. Online, Facebook, door-to-door, and community events.
  - People in early recovery
  - General community members
- Data from various sources was gathered including but not limited to; State of Alaska (Department of Labor, Fish and Game, Department of Health and Social Services, Department of Commerce), Kenai Peninsula Economic Development District, Alaska Mental Health Trust, U.S. Census, prior community needs assessments, and Kenai Peninsula Borough.

## Chapter 3 - COMMUNITY RISK AND PROTECTIVE FACTORS

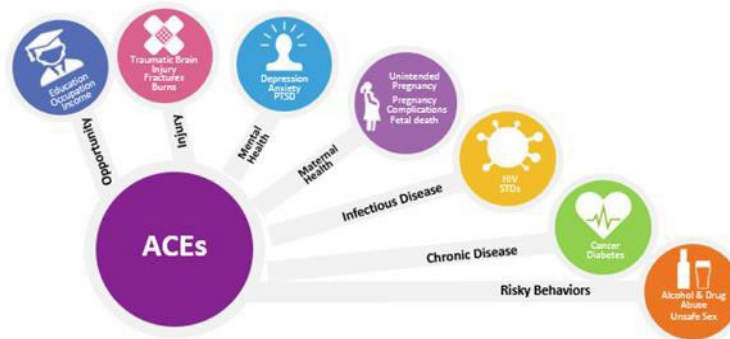


### Priority Issue: Injection Drug Use

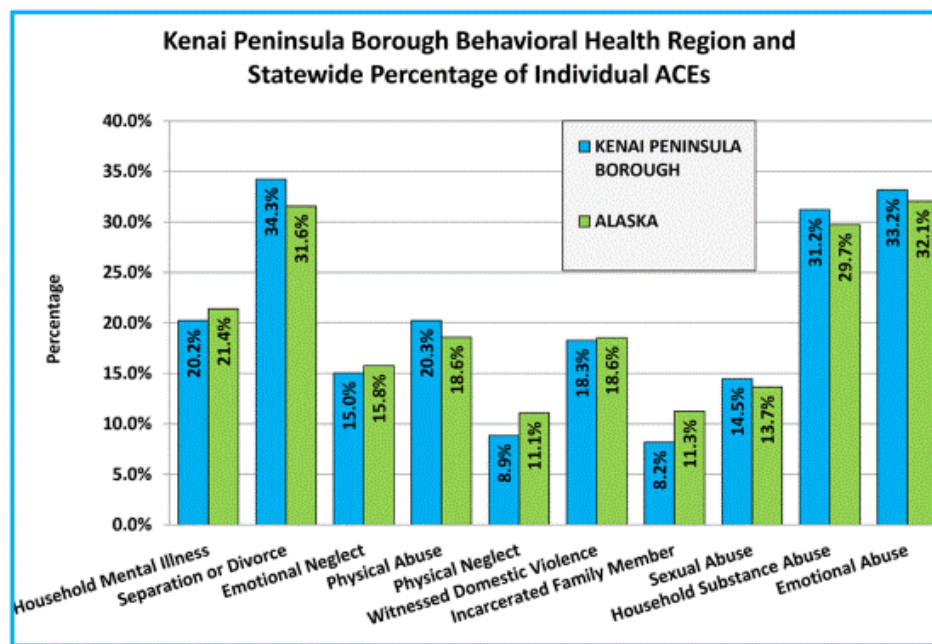
The coalition prioritized focus on injection drug use, as it was our previous focus and continues to be a significant issue for our community. This prioritization considered the size and seriousness (severity, economics, social impact, and trends) as well as community engagement and likelihood for change. Prevalence, severity, and level of negative consequences of injection drug use were key deciding factors.

- The coalition identified injection drug use among 18 to 30-year-old Kenai Peninsula residents as the highest priority area.
- The coalition planned to keep working to identify and address underlying causes such as adverse childhood experiences and generational use.





- C4K reviewed admission intake assessments of 141 people with addictions to determine their exposure to ACES and it resulted in a score of 5.4 which was significantly higher than Alaska ( $x=2.08$ ) or the Kenai Peninsula ( $x=2.11$ ) averages for the general population. All 141 people with addictions met the criteria for dependence and need for substance abuse treatment, which was consistent with past findings that ACES scores are positively correlated with adverse health outcomes.

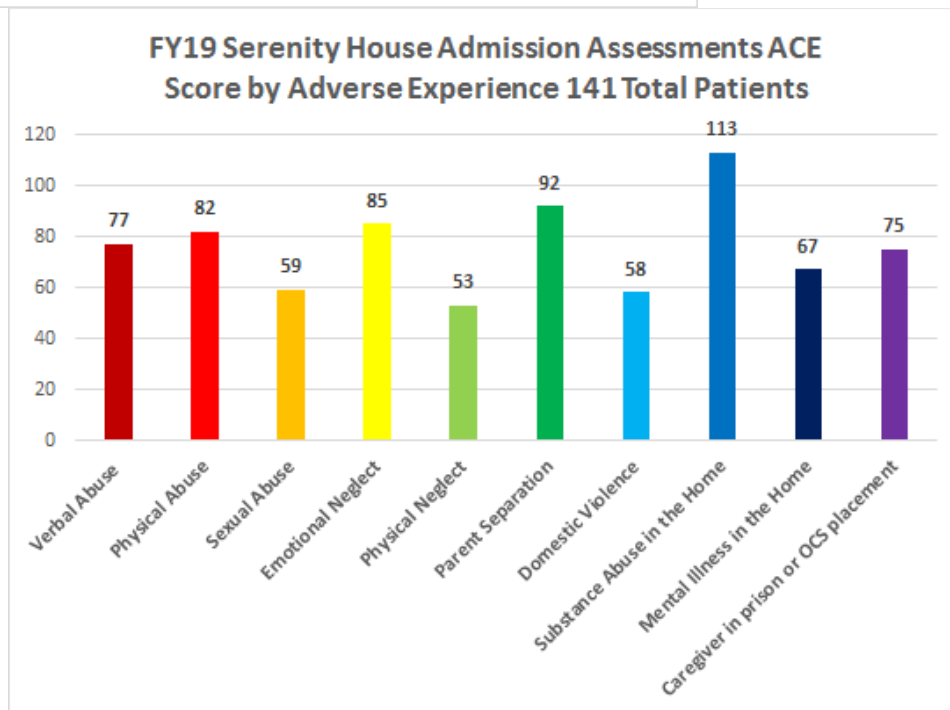
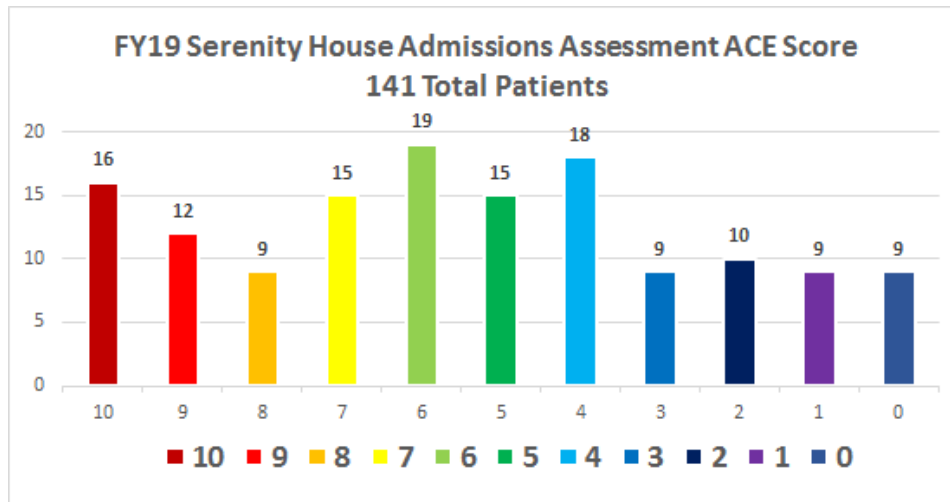


Source: Alaska 2013-2015 Behavioral Risk Factor Surveillance System Survey, Division of Public Health, Section of Chronic Disease and Health Promotion.  
 Note: No statistical difference between state and regional measures.

A community canvas survey indicated the community has a willingness to shift personal views regarding stigma and addiction to one that is more empathetic and solution oriented. The survey also indicated a need to shift the narrative in the community regarding addiction.

- C4K's Safe use, safe storage, and safe disposal programs are powerful deterrents against misuse.
- Change 4 Kenai has hosted recovery walks, carnivals, attended Wednesday markets, and a host of other community events. At each of these events we educate the public about the disease of addiction and the power of recovery. In addition to tackling public perceptions about addiction, we have given tools to the recovering person that are aimed at ending stigma. We have hosted Faces and Voices of Recovery and teach all of our Serenity House participants about positive recovery messaging.





Transportation was identified as a barrier to accessing services in all community assessments over the last ten years. Taxi cabs and our public transportation provider C.A.R.T.S were the only options for those seeking other means of transportation beyond personal vehicles or rides from friends or family. Distances between towns and services, weather creating poor road conditions, and cost of transportation all impact an already difficult issue.

Central Peninsula Hospital has worked to build up the protective factors in our area. There has been significant growth in the services they provide.

- C4K has noticed an increased willingness to engage in education surrounding standardized brief intervention and referral to treatment (SBIRT).
- The risk factor for health and behavioral health services in the Central Peninsula area was the recent loss of long-time medical providers.
  - Several were closed due to alleged opiate prescribing practices. Another long-time family practitioner died in 2019. This led to increased pressure on the few providers that remained.
  - The Dena'ina Wellness Clinic changed their procedures on behavioral health patients and are

chose to focus their efforts solely on Indian Health Service beneficiaries which led to decreased behavioral health services for the community at large.

- The local FQHC, PCHS has implemented a \$40 minimum to their “sliding fee” scale. This was a barrier for some seeking services. They have also discontinued their medication assisted treatment services.

In C4K focus groups it came to light that as a community, the Central Kenai Peninsula is bonded not only by the valuing of independence, but a common respect and appreciation for each individual’s independence as well. This shared value may, paradoxically, bring the community together and keep it apart. It was mentioned several times throughout both focus groups, and the several community readiness interviews, that Central Kenai Peninsula communities were valued by community members because of the proximity to both nature and civilization – which can be translated to privacy and connection via common association – and that people valued the opportunity to connect with others when they chose to do so. This gives people a common lifestyle and language to bond over and communicate with when they do choose to connect.

## Additional Community Strength and Protective Factors

### Naloxone

Over the past 5 years, Change 4 the Kenai (C4K) has worked diligently to infuse our community with naloxone. We hosted numerous training courses for business owners and community members. In October of 2018, C4K partnered with several local organizations to host a drive through Narcan training and distribution site.

- This event put 301 Narcan kits into the homes of our community, and increased awareness of opiate overdose. By the date of the 2020 assessment C4K has provided a total of **958** kits.
- The protective factors in our community surrounding naloxone are the increased availability, free access to training on how to administer naloxone, decrease in opiate overdose rates and in many cases free Narcan kits.
- The risk factor surrounding opiate overdose is that some people are not seeking medical care after naloxone has been administered. Therefore, leading to increased adverse health consequences and in some cases, death.

### Drug Take Back

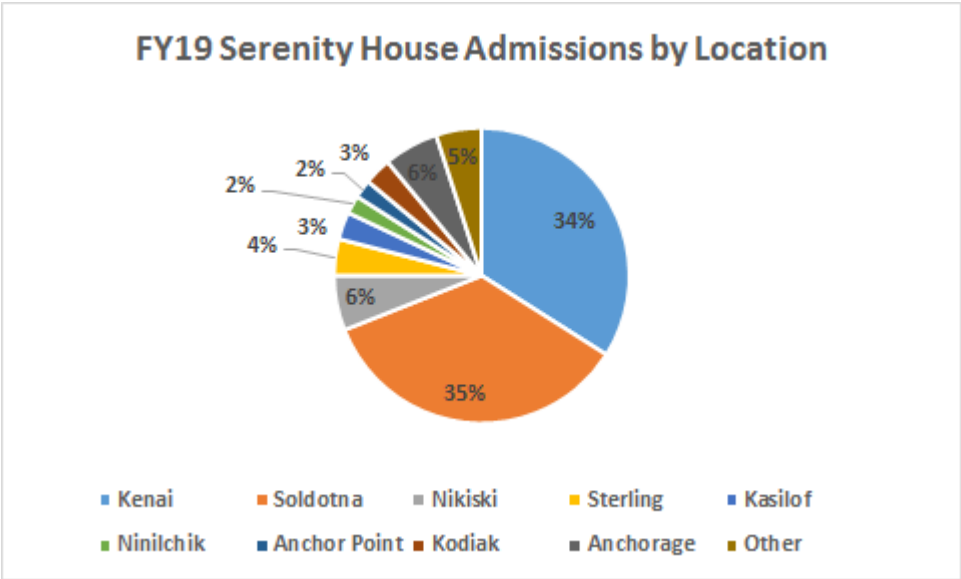
From 2014 to 2019 the Kenai Peninsula Borough has collected 4,195.8 pounds of medication through the DEA’s Drug Take Back program. Over the years C4K has partnered with several local organizations and local police departments to facilitate the event, provide education and awareness on the importance of proper disposal of medications.

### Faith-Based Services

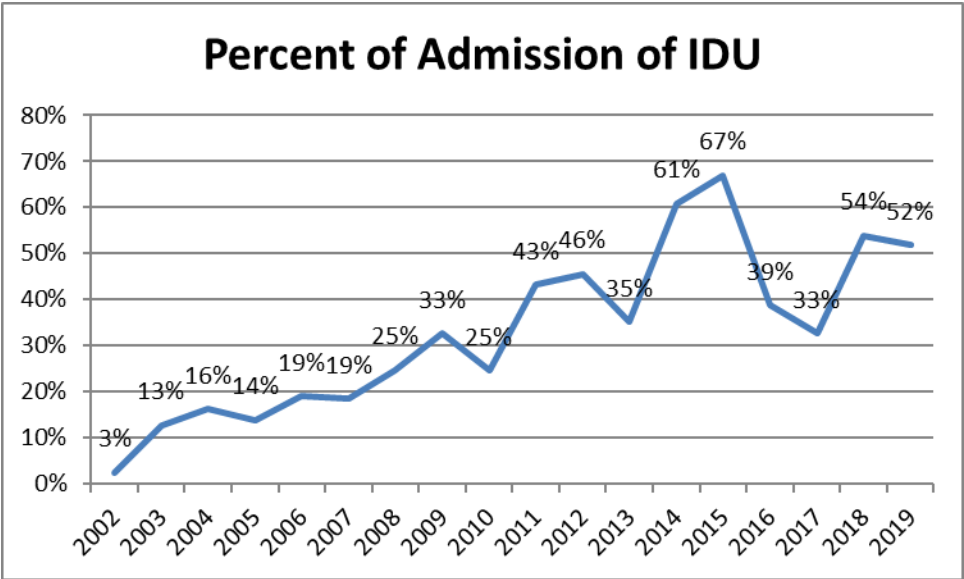
Since Change 4 Kenai’s last assessment in 2016, the Central Kenai Peninsula has seen a rise in faith-based resources for the recovery community. These services include not only churches and groups specifically developed for the recovery community, but also long-term residences for both men and women. These faith-based organizations provide services for a demographic that favors a specific faith-based approach instead of the services provided by other entities.

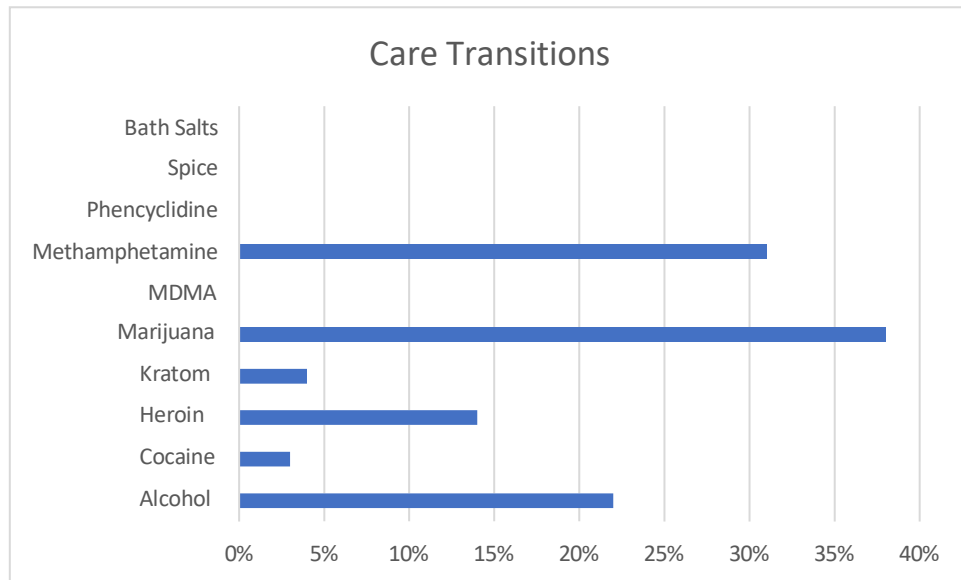
- Additionally, several recovery churches have come to be on the Central Kenai Peninsula since our previous assessment. These churches provide those who are in recovery and choose the faith-based approach a home base, a sense of community, and the connection that is so vital to those in the recovery community.

Chapter 4 - PRIORITY ISSUE & TARGET POPULATION



CONTINUING WITH INJECTION DRUG USE AS THE PRIORITY FOCUS





Of the 312 people screened for heroin from February 2018 to May 2020 at Care Transitions, 14% came up positive, while the same number of people were tested for methamphetamine in the same time period and 31% tested positive. These rates are similar to those tested for alcohol biomarkers (22%) and marijuana (38%) both of which are legal substances.

- Alcohol has a long history of abuse in Alaska for myriad reasons, and with the legalization of marijuana, marijuana has become more commonplace as well, so the data showing similar rates of methamphetamine use and heroin use among those tested in Care Transitions told Change 4 the Kenai that methamphetamine and heroin remained prominent among our target population.

Change 4 Kenai used a five-pronged approach in response to the injection use problem in our community. We formulated a blended plan with CDC's proposed method of approaching injection drug use.

- Prevent people from injection drug use and through early identification of high-risk individuals.
- Reduce heroin addiction by ensuring access to quality treatment programs including Medication Assisted Treatment (MAT).
- Reducing consequences of injection drug use through early intervention, screening and referrals by trained providers.
- Reverse heroin overdose by expanding the availability and use of naloxone.
- Prevent the consequences of injection drug use through prevention efforts. Primarily the spread of infectious disease/medical consequence and secondarily the social and family consequences of addiction.

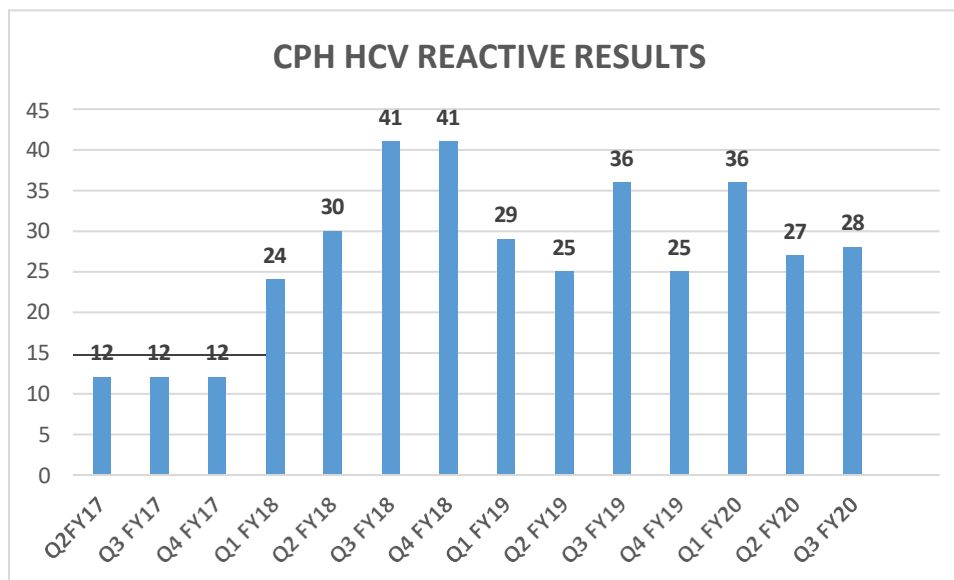
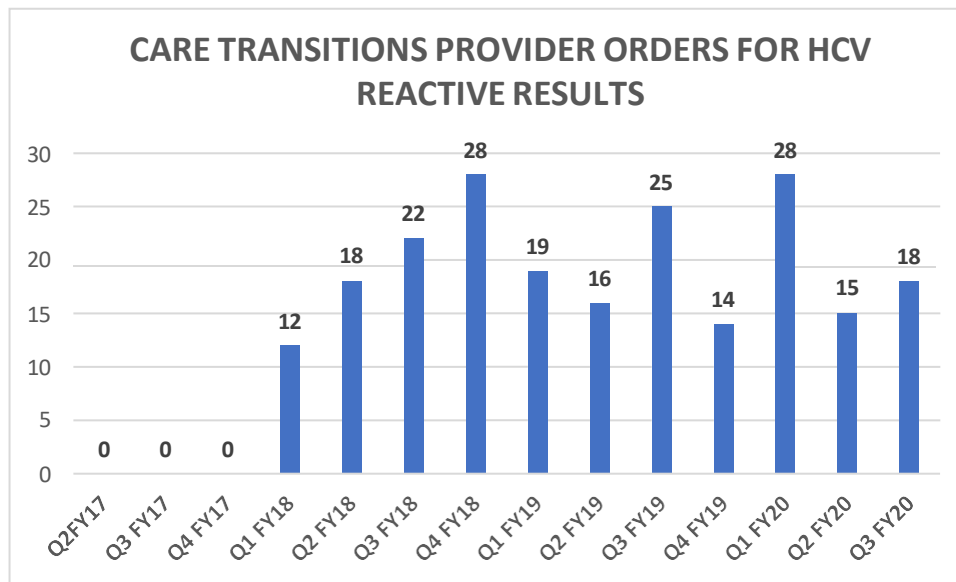
## Chapter 5 - CONSEQUENCES OF PRIORITY ISSUE

The State of Alaska was currently experiencing record high numbers for children that are being placed outside of their homes. The Central Kenai Peninsula had no syringe exchange programs. Homer and Ninilchik have needle exchanges that operate a few times per month.

HCV is a large concern among Change 4 the Kenai's target population.

- 65% of the total reactive HCV results from Q1 2018- Q3 2020 were ordered from the Care Transitions facility. The Care Transitions facility catered directly to the Change 4 the Kenai target populations where HCV remained prominent among said population.

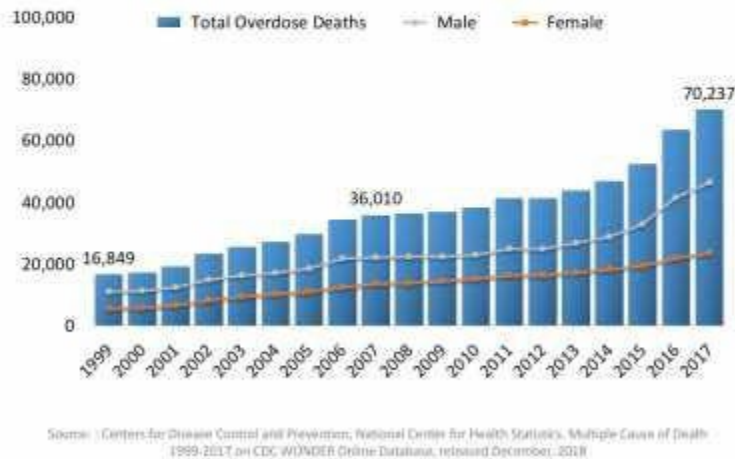
- Change 4 the Kenai believes that the majority of these reactive results are due to the reuse and sharing of needles as well as myths that are common among the Change 4 Kenai target population.
- HCV is also a concern for C4K's target population due to the other issues presented in this assessment such as lack of access to services such as reliable transportation and healthcare. When these services are inaccessible HCV may go untreated and pose lethal health risks such as liver failure and or blood diseases.
- HCV is also costly to treat when patients can make it to their appointments or reliably take their prescribed medication, as displayed in the table below, the cost to treat one person with HCV is around 22,000\$.
- In all, C4K believes that providing injection drug users with clean supplies and education around HCV will greatly lower the risk of those infected with HCV from transmitting HCV to others in their community.



C4K surveyed seven local retail pharmacies regarding syringe policy and naloxone – three in Kenai and four in Soldotna

- C4K has found that tracking the legal implications created by IV drug use is challenging.
- Legal reporting – as mentioned in our previous assessment – continues to be highly correlated with the resources available to law enforcement more than with local drug activity.
- Raw data such as month-to-month arrest rates and cumulative arrest numbers give us very little insight into the true nature of the legal implications of IV drug use.

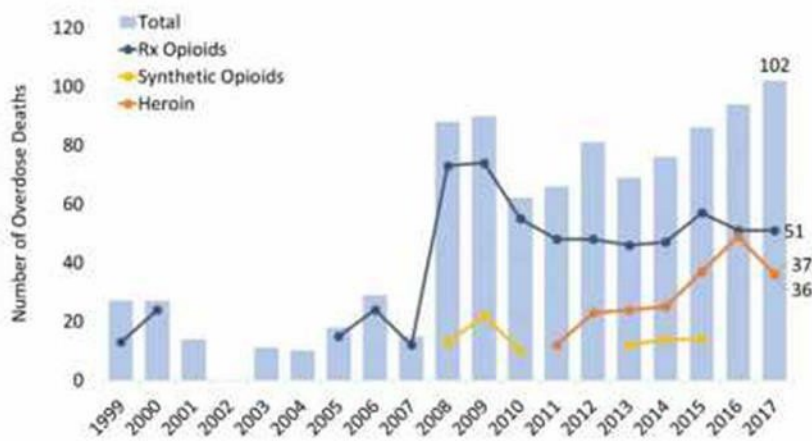
**Figure 1. National Drug Overdose Deaths**  
Number Among All Ages, by Gender, 1999-2017



National Drug Overdose Deaths. The figure above is a bar and line graph showing the total number of U.S. overdose deaths involving all drugs from 1999 to 2017. Drug overdose deaths rose from 16,849 in 1999 to 70,237 in 2017. The bars are overlaid by lines showing the number of deaths by gender from 1999 to 2017 (Source: CDC WONDER)

<https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

### Alaska Opiate Overdose Death



#### Number of overdose deaths involving opioids in Alaska, by opioid category.

Drug categories presented are not mutually exclusive, and deaths might have involved more than one substance.  
Source: CDC WONDER.

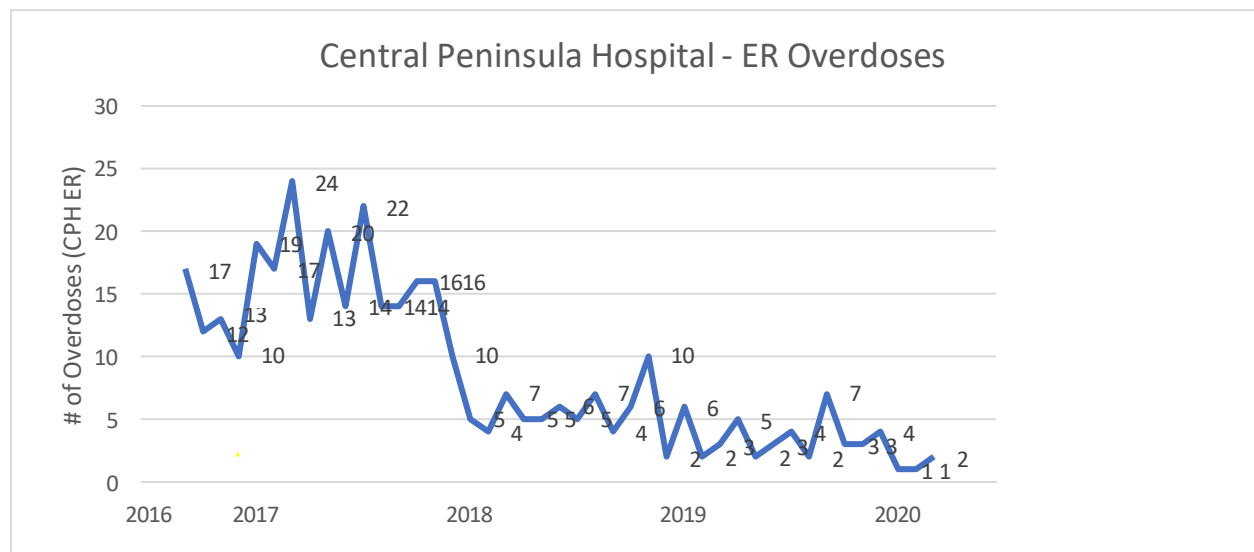
#### State of Alaska Overdose Death Rate Information

- At 19.3 per 100,000 in 2017, Alaska's overdose death rate was at its highest level in ten years.
- The rate of drug overdose deaths involving narcotics generally trended upward between 2013 and 2017.

- The overdose death rates involving sedatives increased 59% between 2015 and 2017.
- The rates involving benzodiazepines increased 80% between 2015 and 2017.
- The overdose death rates involving psychotropics have increased 127% between 2015 and 2017.
- The overdose rates involving methamphetamines have increased 211% between 2015 and 2017.

\*Most recent data available, all rates are age adjusted

[http://dhss.alaska.gov/dph/VitalStats/Documents/PDFs/2017\\_Drug\\_OD\\_Data%20Brief.pdf](http://dhss.alaska.gov/dph/VitalStats/Documents/PDFs/2017_Drug_OD_Data%20Brief.pdf)



## Chapter 6 – Community Resource Guide – [www.connectkenai.org](http://www.connectkenai.org)

## Chapter 7 - Intermediate Variables

C4K looked to the literature to assist in the development of intermediate variables. We reviewed the SPF-SIG assessments completed by 6 states or communities (Oklahoma, Maine, South Dakota, Virginia, Wasilla, and Fairbanks) and two major research institutions {*Pacific Institute for Research and Evaluation (PIRE)* and *Northwest Center for Application of Prevention Technologies (NECAPT)*}. Assessments focused on a variety of priority uses ranging from underage drinking, binge drinking, and prescription drug abuse. Intermediate variables are remarkably similar across priority areas and, in fact, only differ based on research institute.

Intermediate variables identified by *PIRE* were the following:

- Retail Availability
- Community Norms
- Promotion
- Social Availability
- Law Enforcement
- Individual Factors



Intermediate variables from *NECAPT* were the following:

- Access Availability
- Parental Monitoring
- Knowledge of Health Risks
- Law Enforcement
- Adult Monitoring
- Advertising
- School Policies

Tremendous overlap exists between the two approaches. C4K elected to combine the strengths from the two lists and apply them in a manner meaningful for illicit drug use. The intermediate variables, of injection drug, in our community are the following:

## Access Availability (Social and Retail)

Availability of injection drug use is directly linked to the availability of the drugs which lend themselves to this type of use. Through our surveying process with people who are known to have used drugs we gathered information regarding the availability of commonly misused opiates and heroin. The top three reported categories on where people would obtain either prescription opioids or heroin were drug dealers, medical doctors and medicine cabinets of friends and family.

- Social Availability: 68% of respondents reported that it was easy to very easy to obtain heroin. Meaning, it could be accessed within 4 to 24 hours. Only 16% reported it was easy to very easy to obtain prescription opioids from a friend or family member.
- Retail Availability: Approximately 23% of respondents reported that it was easy to very easy to obtain prescription opioids from a doctor with no medical need. There is no retail availability for heroin.

PDMP Info: [https://www.commerce.alaska.gov/web/portals/5/pub/PHA\\_PDMP\\_2019\\_LegislativeReport.pdf](https://www.commerce.alaska.gov/web/portals/5/pub/PHA_PDMP_2019_LegislativeReport.pdf)

### Morphine Milligram Equivalents (MMEs)

MMEs is a standardized measurement assigned to opioids to indicate its relative potency. Figure 7 illustrates the number of MMEs dispensed from 2016-2018. While opioid prescriptions have decreased, MMEs have increased.

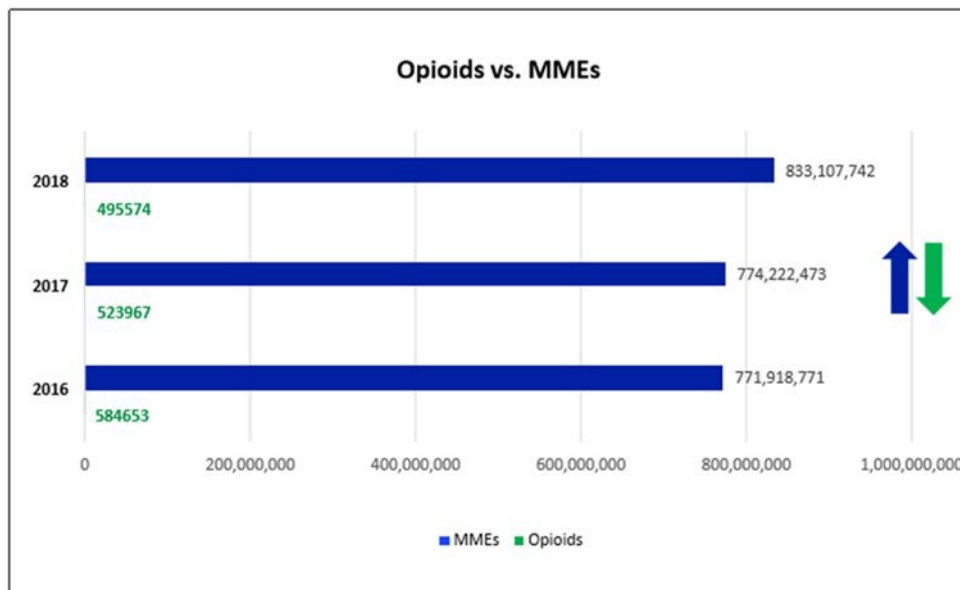


Figure 12. The adverse relationship between opioid prescriptions and MMEs may suggest that while opioid prescriptions are generally decreasing, it is possible that the overall strength of dosages prescribed have increased.

## Knowledge of Health Risks

There are three main sources for individuals to learn about the disease risk associated with injection drug use: schools, family, and peers.

### School

C4K looked at school district offerings on drug addiction and contagious disease. Our local district provides the Drug Abuse Resistance Education Program (DARE) as youth transition to Junior High. DARE was developed in Los Angeles and intended to serve youth in that community, of whom approximately 65% were using illicit substances before they completed high school (DARE, 2016). DARE was initially successful but disseminated so rapidly that appropriate regional adjustments were not made. Ultimately, the greatest benefit of the DARE program is that it increases the familiarity with law enforcement. C4K was not able to interview youth due to COVID 19 restrictions. In multiple cases the school district is sharing counselors across 5 schools so it is doubtful that the counselor can provide much education about drug issues of any type. The same can be said of the school based health course, which is the only other effort made to educate youth about drugs.

Over the past three years the Kenai Peninsula School district has begun to implement Sources of Strength, a suicide prevention model throughout local schools. While this is not directly tied to substance misuse prevention, the resilience building skills that are taught can be seen as a promising prevention practice. C4K has established a relationship with SOS staff and leaders and participated in events with the school district.

### Family

C4K found evidence that the school system was failing to provide adequate education around injection drug use related issues. It has been difficult to determine what knowledge of health risks was being addressed by family. Families differ greatly with regard to their comfort in discussing the issues.

## Peers

C4K was unable to facilitate a focus group regarding peer knowledge and shared myths of injection drug use due to COVID 19 restrictions. We continue to hear similar messages from people in recovery that give us insight into the lack of knowledge regarding the risks on IDU. Some common misperceptions are if a person is infected with Hep C they can share needles with another person that is infected with Hep C and they will not experience additional health risks or complications. There is little to no knowledge in our community regarding Hep C genotypes. We continue to hear misperceptions about how people clean their supplies to inject drugs. Many believe that burning or rinsing tips of needles will protect them from disease.

### **Additional information:**

In C4K's people who use survey we found that 28% of respondents reported they would not have started using opiates if they had knowledge of withdrawal symptoms. 10% reported knowledge of health problems associated with opiate use would have prevented them from starting to misuse opiates.

## Community Norms (Adult and Peer Modeling)

C4K continues to see that injection drug use is perceived as “cleaner” by using individuals. Needle use is common and readily taught by members of the using community.

## Law Enforcement (Monitoring)

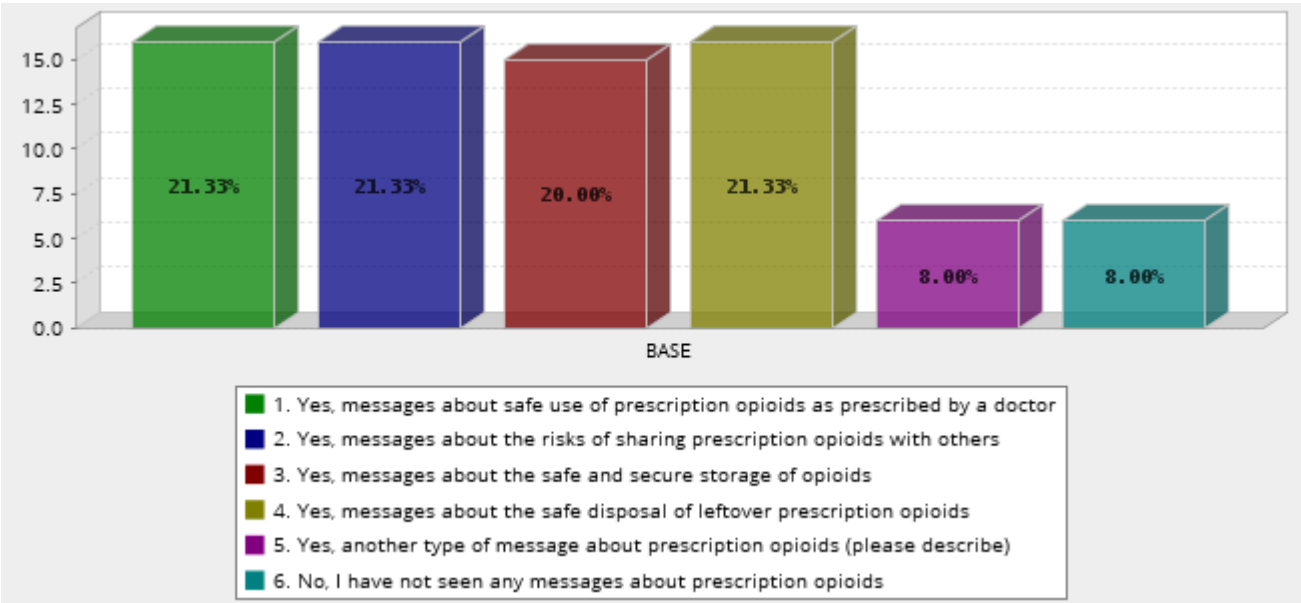
Law enforcement continues to be spread thin on the Kenai Peninsula. C4K has established working relationships with local law enforcement. We continue to provide advocacy regarding opiate overdose prevention and partner with officers to facilitate the drug take back events.

From 2015 to 2019 the amount of heroin seized by law enforcement in Alaska has increased by 636%. The amount of methamphetamine seized in the same time frame has jumped by 99.9%.

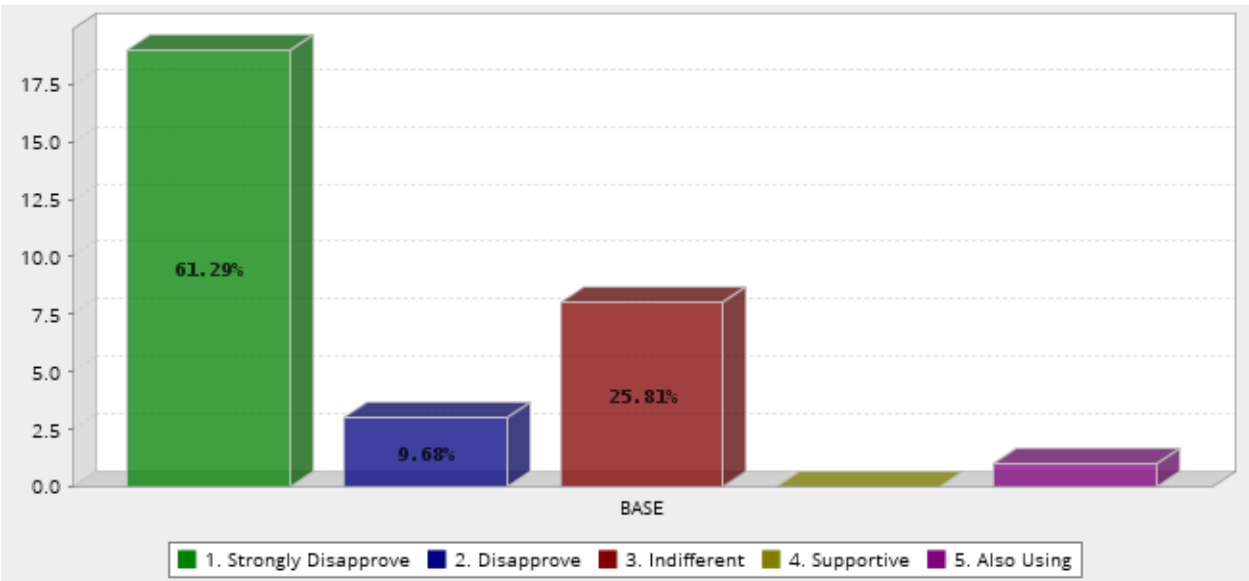
## Prioritization of Intermediate Variables

C4K elected to continue using the intermediate variable process outlined by *NECAPT*. Through this process, all intermediate variables are ranked regarding their importance and changeability. Assessment team members ranked variables in four quadrant table regarding these issues.

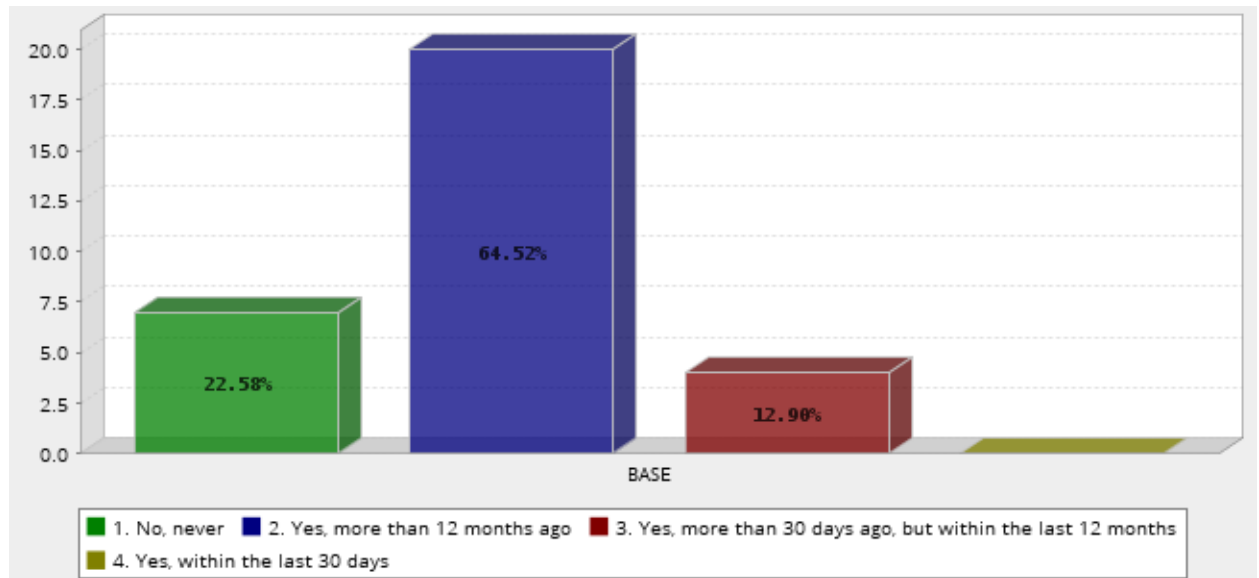
# Chapter 8 - COMMUNITY ASSESSMENT - Readiness Assessment



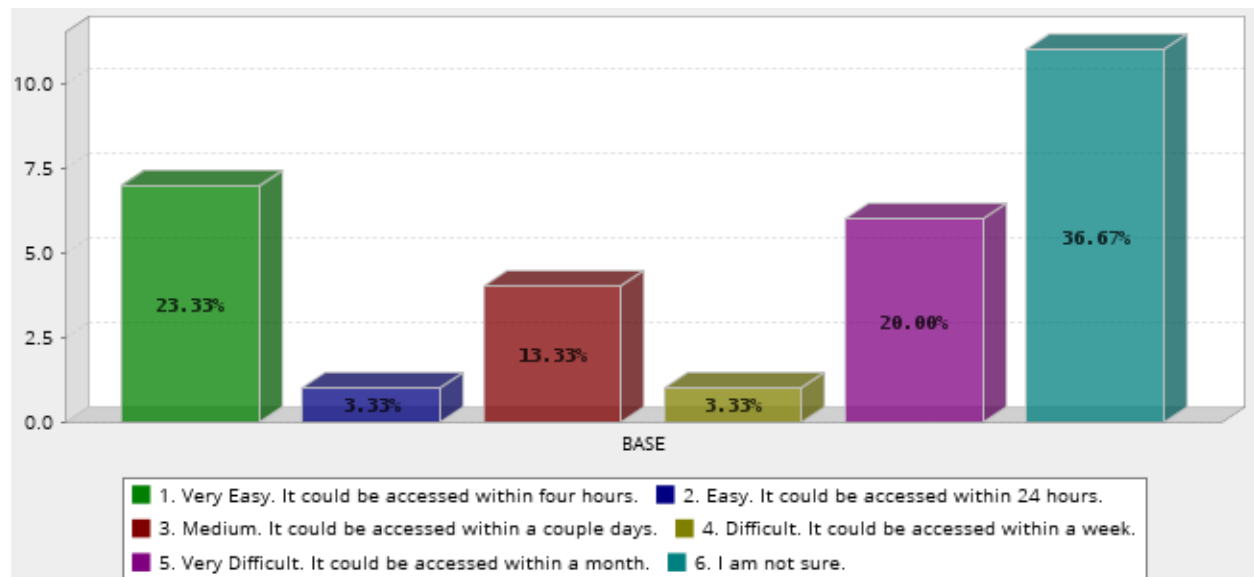
92% of respondents reported they have seen some type of messaging in the community regarding safe use, safe storage and/or safe disposal of opioids.



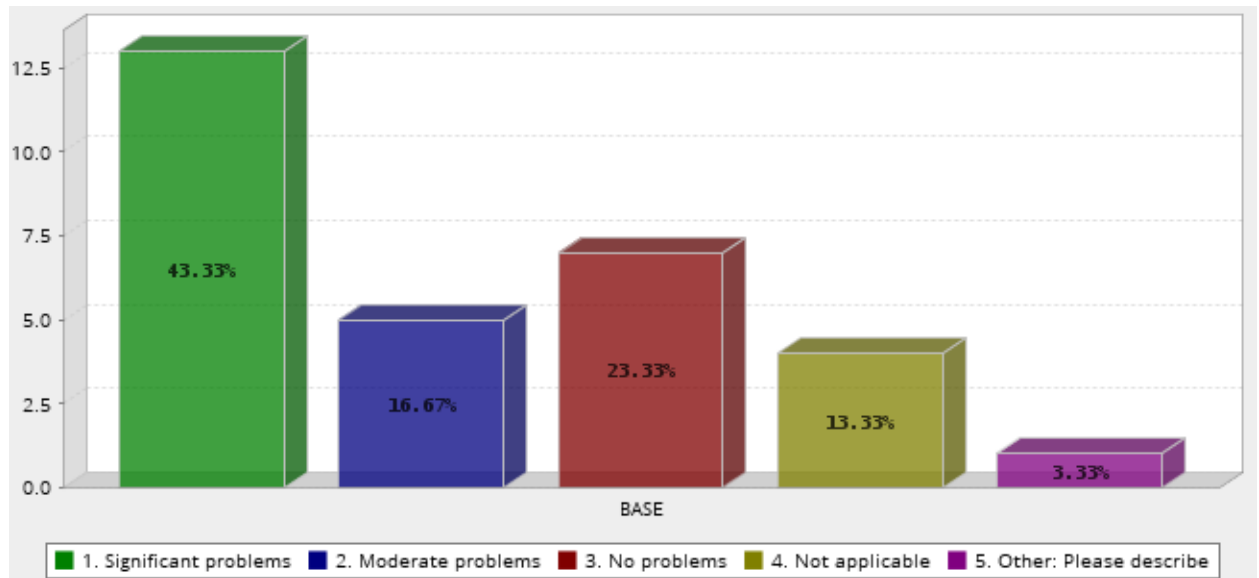
Approximately 70% of respondents reported their peers would disapprove, to strongly disapprove of using heroin. 67% reported their peers would disapprove to strongly disapprove of using prescription medications not prescribed to you.



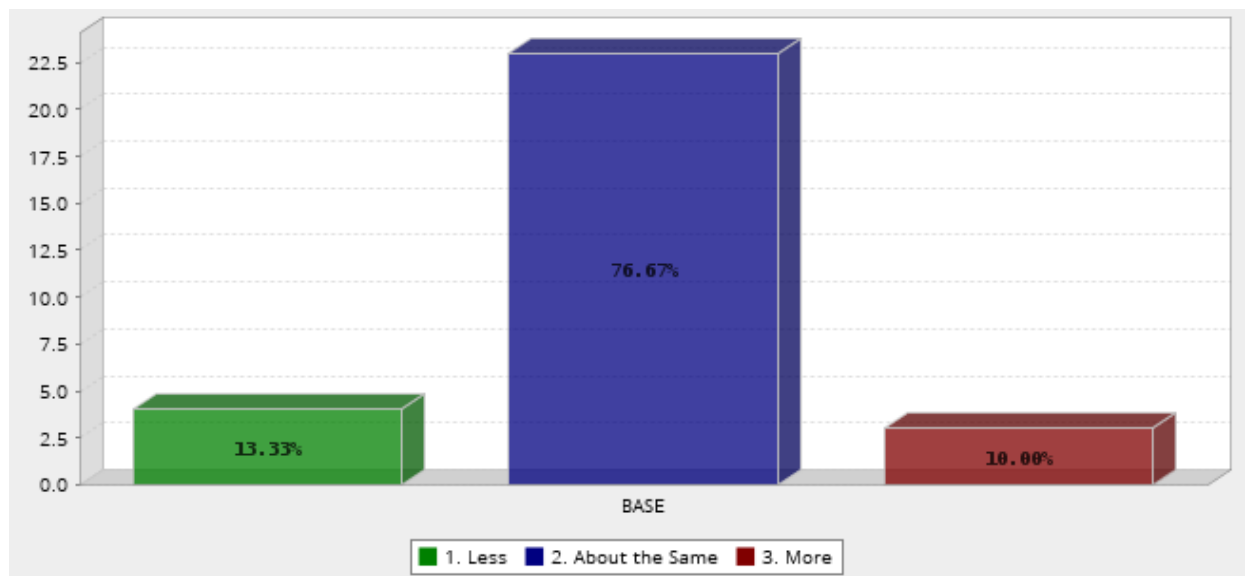
Over 75% reported misusing prescription opioids at some point in their life. 70% reported the reason they misused the opioids was to get high.



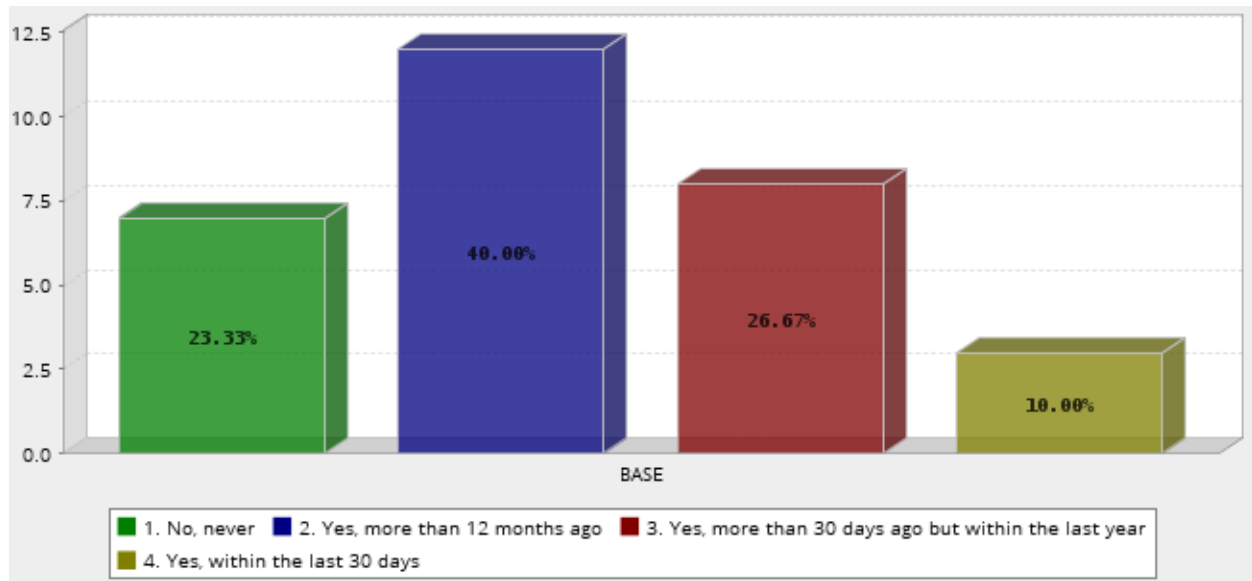
A little over 25% reported they could access prescription opioids within 4 to 24 hours.



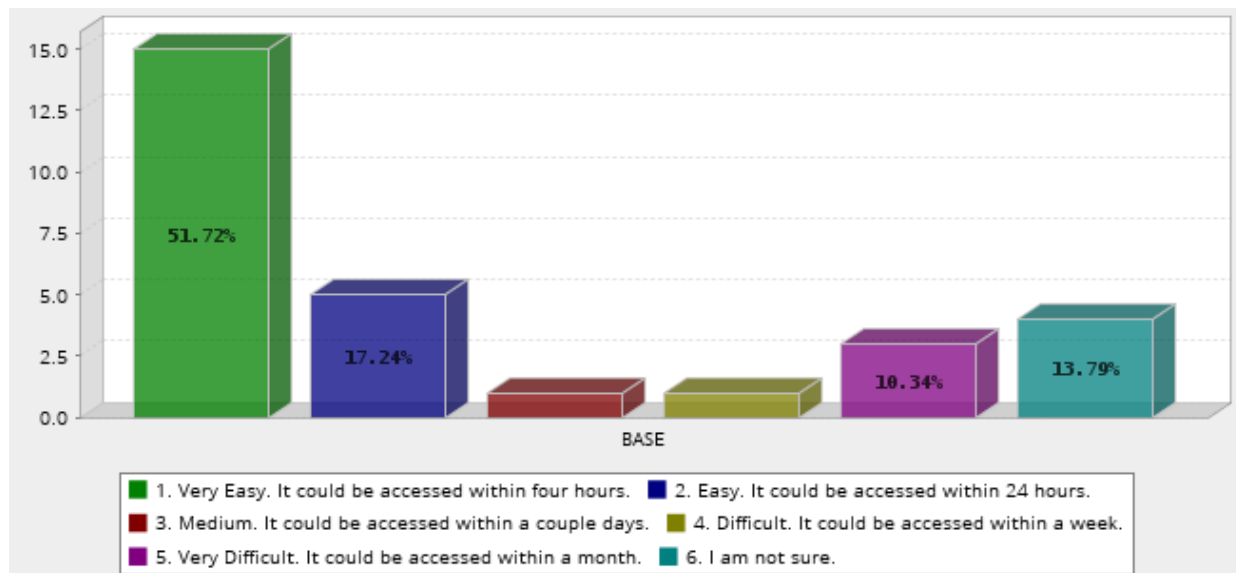
Over 40% of respondents reported experiencing significant problems as a result of using prescription pain pills.



Over 75% of respondents reported that they view prescription pain medications about the same in regards to risk/danger as using heroin in terms of the potential for physical or other harm.

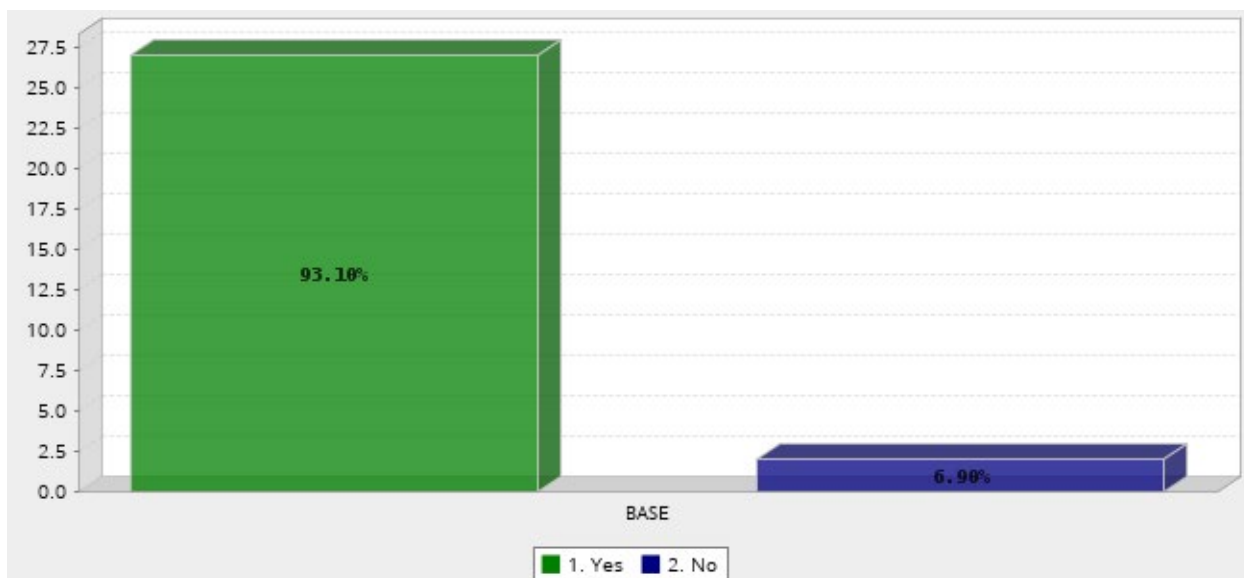


Over 75% of respondents reporting using heroin at some point in their life.



Approximately 68% of respondents reported that heroin was easy to very easy to obtain in our community. This means the majority of respondents could access heroin within 4 to 24 hours. 35% report they would access heroin from a drug dealer, while 22% would get heroin from family members via willful giving or stealing it from them. The remaining respondents would use friends, stealing, and the internet to access heroin.





Approximately 93% of respondents know someone that has overdosed on prescription pain medications or heroin. 100% of respondents reported that they know the signs and symptoms of physical withdrawal. 96.5% reported they know the signs/symptoms of overdose. 100% of respondents reported they know where to go for help if you or a friend experiences problems with prescription pain pills or heroin.

## COMMUNITY SURVEY

Since 2018 Change 4 the Kenai has made gathering data around opioid use, safe medication practices and consequences of use a priority.

- Throughout 2018 and 2019 Change 4 the Kenai interviewed 454 community members in a variety of different settings including community events such as Wednesday in the park and outside of local businesses such as the local IGA grocery store and were done via iPad or on paper.
- The results of these surveys displayed promising data around safe use, safe storage, and safe disposal of prescription medications. Of those surveyed 83% reported that they felt they had adequate information to safely use, store, and dispose of their prescription medications and 70.5% had reported seeing at least one message regarding safe use, safe storage, or safe storage in their community.
- Change 4 Kenai has worked tirelessly at several community events and gatherings to help educate the community on safe use, storage, and disposal of prescription medications and, according to the data, the work and messaging seem to be effective while still showing room for improvement.

## COMMUNITY FOCUS GROUPS

### **Recovery Community Focus Group: A Community that Values Connection**

Change 4 the Kenai's strength-based focus group was held at the Diamond Willow Transitional Living facility and included six participants – all of whom were in recovery from substance use at the time of the focus group:

- The recovery community focus group stated that though the community valued connection and the opportunity for connection.
- Participants also identified that being an active member of the community and being connected is especially valued in the recovery community. C4K brings this aspect of community to light because of the unique importance connection takes on in the recovery community.

- When discussing connection, the recovery community participants identified the public library, Wednesdays in the park, and the several volunteer opportunities at places such as Love Inc., Salvation Army, and Hospice as connection opportunities for those in the recovery community.
- When asked what was going well in our community the recovery community focus group seemed to value the work of the various resources available in our community. Some of these resources included the Detox Center, Diamond Willow Transitional Living Facility, the Re-Entry Coalition, the hospital, and Serenity House – among others.

### **Community Member Focus Group: A New Perspective on Independence**

Change 4 the Kenai's community member strength-based focus group:

- Described our community as small, spread-out communities that come together in times in of need and bond over shared values such as independence, resilience, and helping or supporting their neighbors.
- The community member focus group also chose to highlight independence as a strength of our community. The common narrative around independence was that even though people value independence in our community, members of the community are willing to help those in need when independence isn't possible.
- The community member focus group mentioned resilience throughout the discussion. community-wide pride in being resilient, combined with a sense of independence and a willingness to help and be helped, highlights the strengths of the Central Kenai Peninsula communities.
- The unique combination of independence, resilience, and community support are strengths that bond our community together and embody the ideals of the Central Kenai Peninsula community as a whole.
- To have one's privacy and independence respected, while also being able to find solace in knowing that the community at large understands the challenges the independence ideal can pose, and in the name of that common value be willing to help each other in a variety of ways when needed, is the essence of the Central Kenai Peninsula.

### **Small Business Owners Focus Group**

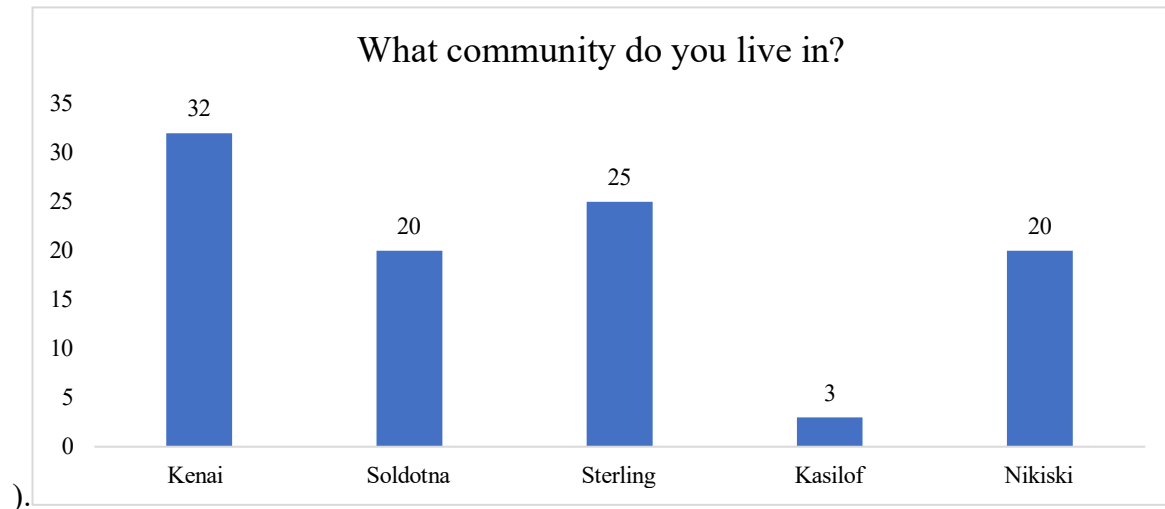
The small business owner focus group was cancelled due to COVID-19.

## **COMMUNITY CLIMATE SURVEY**

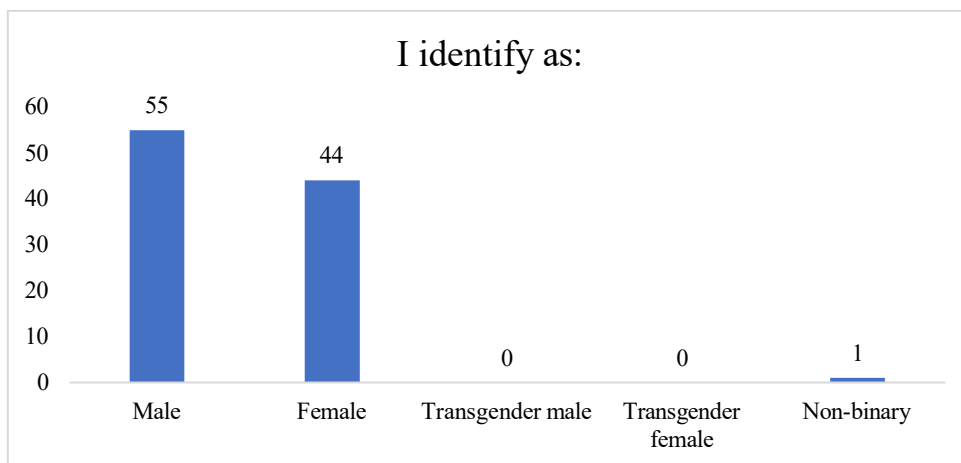
### **2020 Central Kenai Peninsula Neighborhood Canvas Survey: Exploring How the Central Kenai Peninsula Feels About and Views Addiction**

In February 2020, Change 4 the Kenai (C4K) canvassed the communities of the Central Kenai Peninsula – Soldotna, Sterling, Kasilof, Nikiski, and Kenai – and conducted a survey. The survey administered contained questions and prompts that aimed to assess one's views toward those living with addiction, how people's knowledge of addiction and compassion for those living with addiction had changed over time, and how prepared people were to address a drug overdose as evidenced by their possession of Narcan.

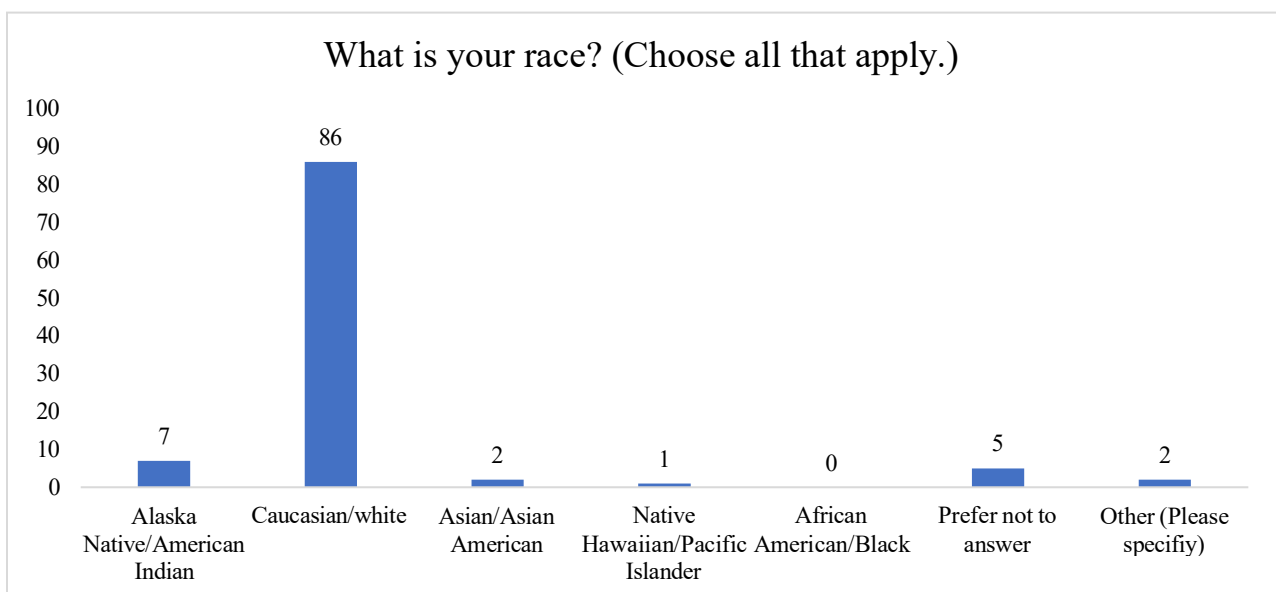
- C4K team members went from door to door administering surveys in the communities of Kenai, Sterling, Soldotna, Nikiski, and Kasilof. C4K team members traveled approximately 26 miles on foot in the effort to administer the survey.



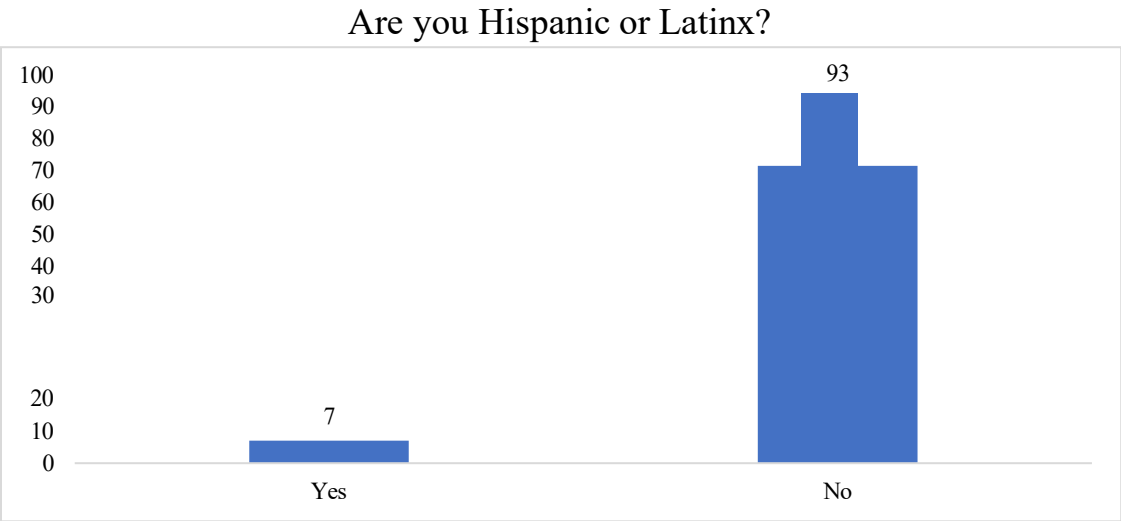
Of the roughly 100 people surveyed, 32 were from Kenai (32% of the total sample), 25 were from Sterling (25% of the total sample), 20 were from Soldotna (20% of the total sample), 20 were from Nikiski (20% of the total sample), and 3 were from Kasilof (3% of the total sample).



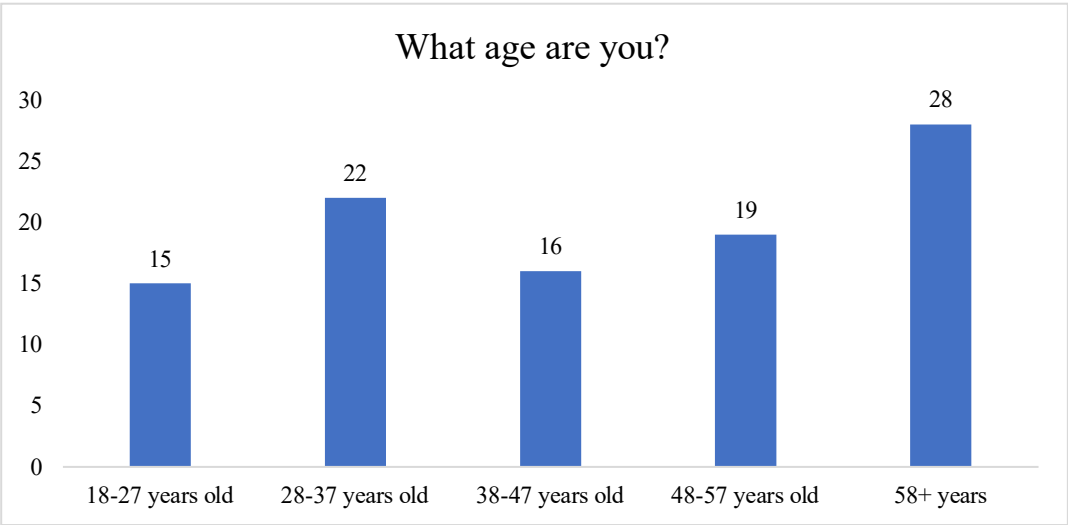
Additionally, of those surveyed, 55 were male, 44 were female, and 1 was non-binary.



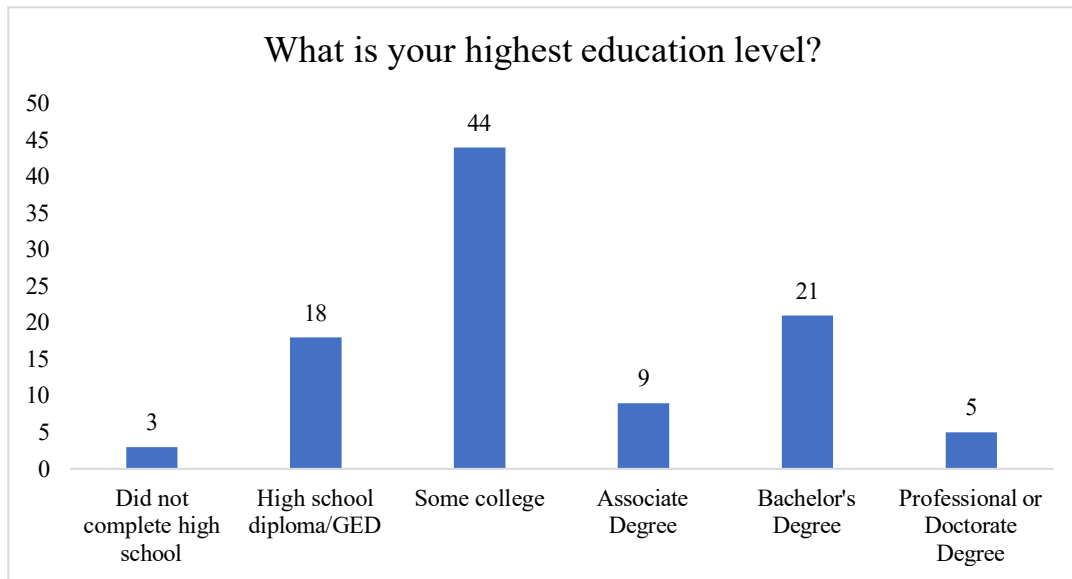
People were able to select more than one race – of the 103 responses regarding race, the highest group was Caucasian/White with 86 responses, and the next highest group was Alaska Native/American Indian with 7 responses.



Of the 100 respondents that answered whether they were Hispanic or Latinx. 7 said yes.



The age of participants was widespread: 15 people were between the ages of 18-27; 22 people were between the ages of 28-37; 16 respondents stated they were between the ages of 38- 47, 19 people were between the ages of 48-57; finally, 28 people were 58 years old or older.

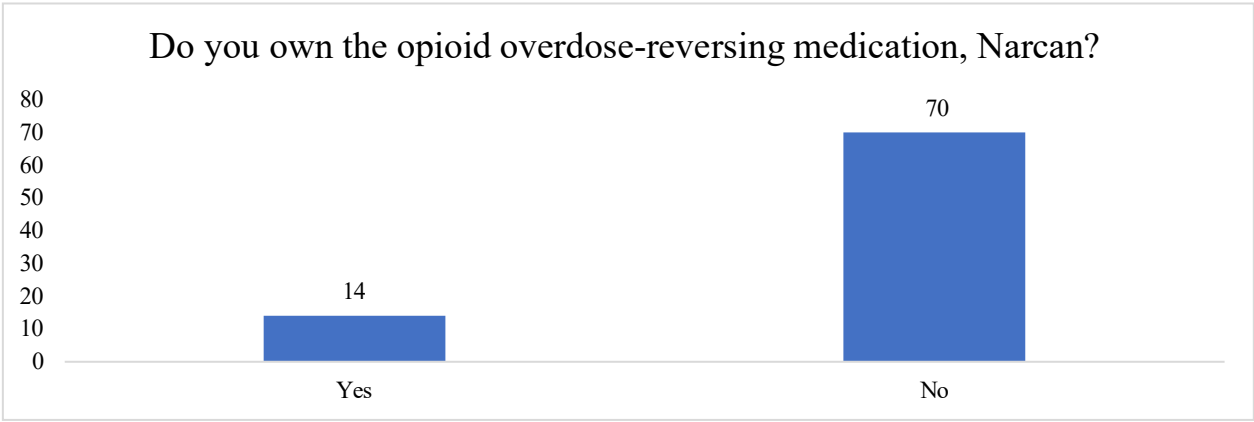


With respect to the highest education level of each participant, the most populated category was “Some college” with 44, and the next highest category was “Bachelor’s Degree” with 21. For a complete description of the highest education level of each participant.

**Key Findings**

*1. The Prevalence of Narcan in Homes*

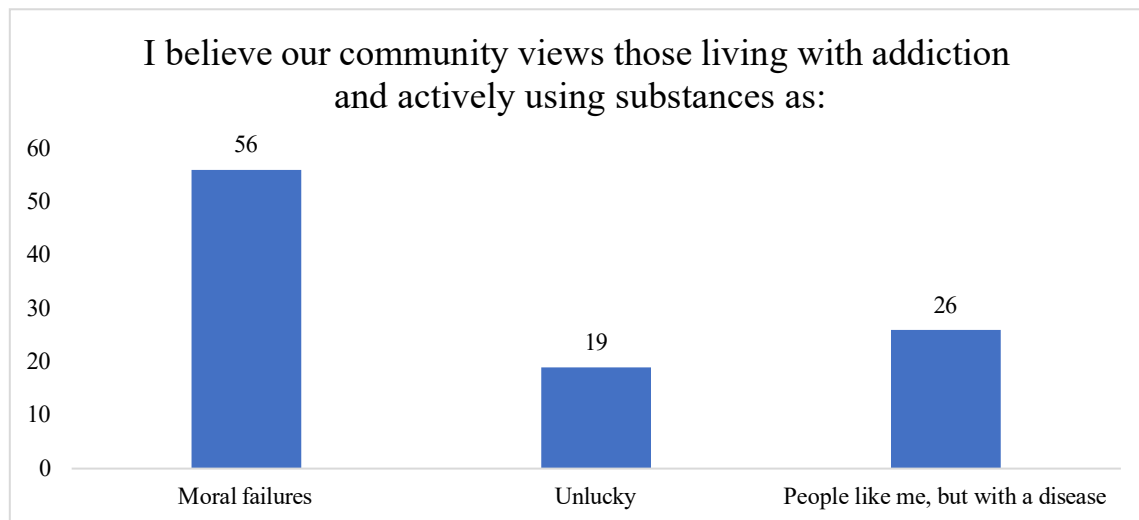
Opioid overdose in Alaska and on the Central Kenai Peninsula has been a concern of Change 4 the Kenai’s. One way to help prevent death from opioid overdose is to supply people with Narcan – an opioid overdose-reversing medication. In an attempt to get more Narcan into the hands of Central Kenai Peninsula residents, C4K has played key roles in delivering Narcan training events for the general public – including helping facilitate a drive-through Narcan training event for community members, and working with Kenai Public Health each Wednesday in the summer of 2019 to give Narcan to those interested free of charge. To assess just how much Narcan was in the homes of Central Kenai Peninsula residents, the survey contained a question that asked if respondents owned Narcan.



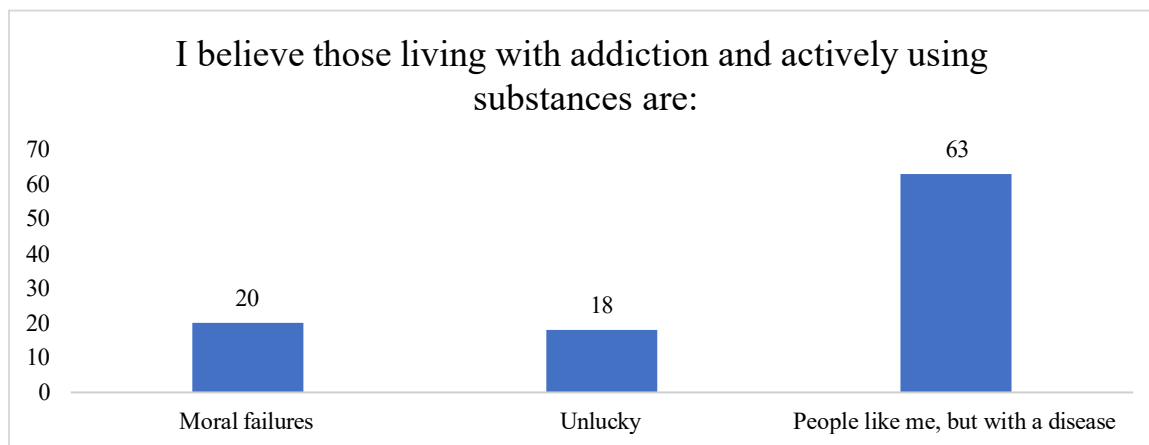
C4K aims to continue to increase the prevalence of Narcan in the hands of community members.

*2. Understanding How Community Members View Those Living With Addiction*

C4K aimed to understand how community members personally viewed those living with addiction and actively using substances, and C4K aimed to understand how people thought their fellow community members viewed those living with addiction and actively using substances. To assess what people believed regarding how their fellow community members viewed those living with addiction and actively using substances, the survey contained a prompt that asked people to pick whether they thought their community viewed those living with addiction and actively using substances as moral failures, unlucky, or people like themselves, but with a disease.



Approximately 55% of participants reported that they believe their fellow community members view those living with addiction and actively using substances as moral failures, one might reasonably infer that the Central Kenai Peninsula has a stigma problem. However, before making that presumption, consider the results from the prompt assessing how community members personally view those living with addiction and actively using substances.

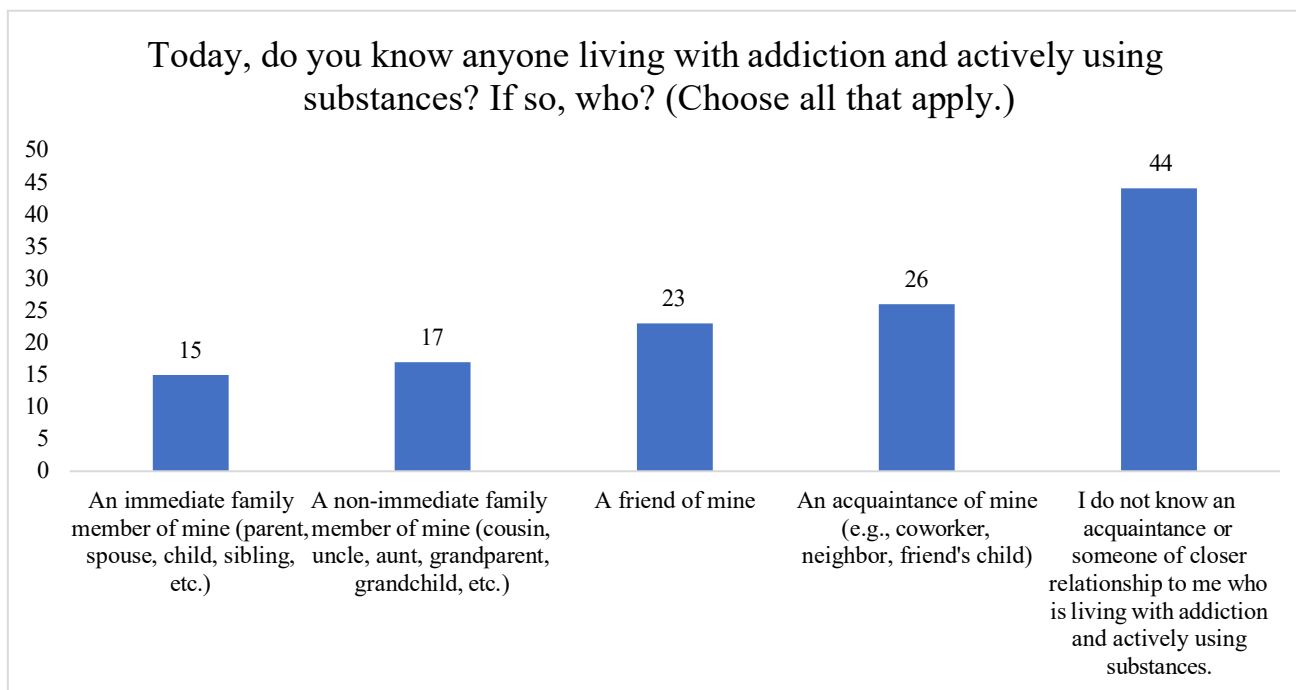


It appears the Central Kenai Peninsula does not have a stigma problem – only 20% of the sample said they believed those living with addiction and actively using substances were moral failures.

- The residents of the Central Kenai Peninsula may be suffering from what is known as pluralistic ignorance: a phenomenon where individual members of a group (members of the Central Kenai Peninsula) believe that the group as a whole holds quite different views than themselves on an issue.
- If this misperception is widespread among community members, you encounter the scenario where many individual members hold one belief while thinking the widely held belief is different.
- 62% of all individuals surveyed believe that those living with addiction and actively using substances were people like themselves, but with a disease. However, of that same group that was surveyed, 55% of all surveyed said they believed their community views those living with addiction and actively using substances as moral failures.
- The most popular belief held by individual members of the Central Kenai Peninsula is that those living with addiction and actively using substances are people like themselves but with a disease, but the common misperception is that group members believe those living with addiction and actively using substances are moral failures.



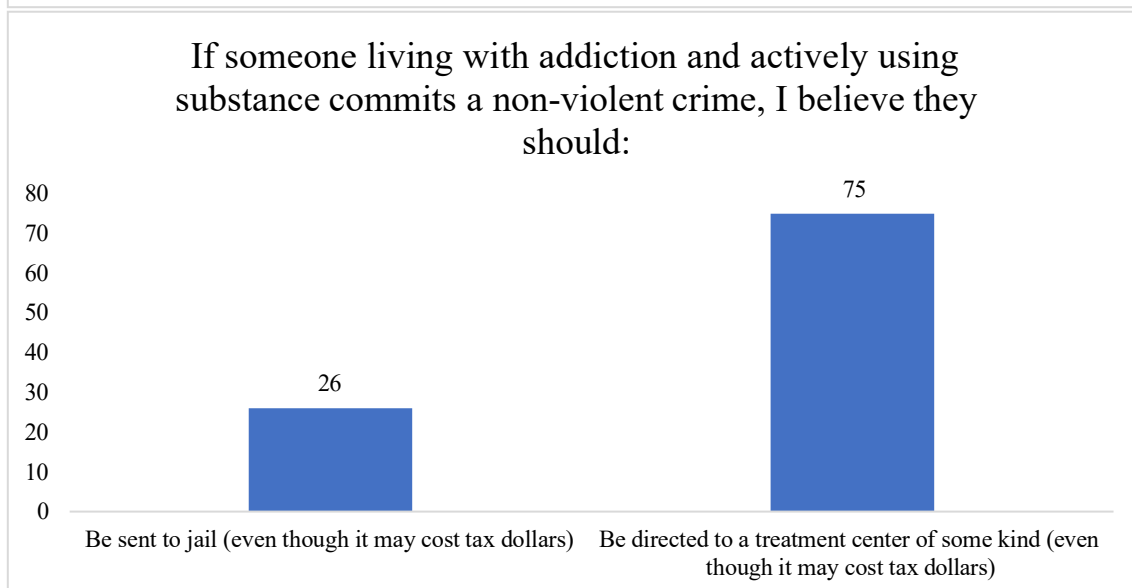
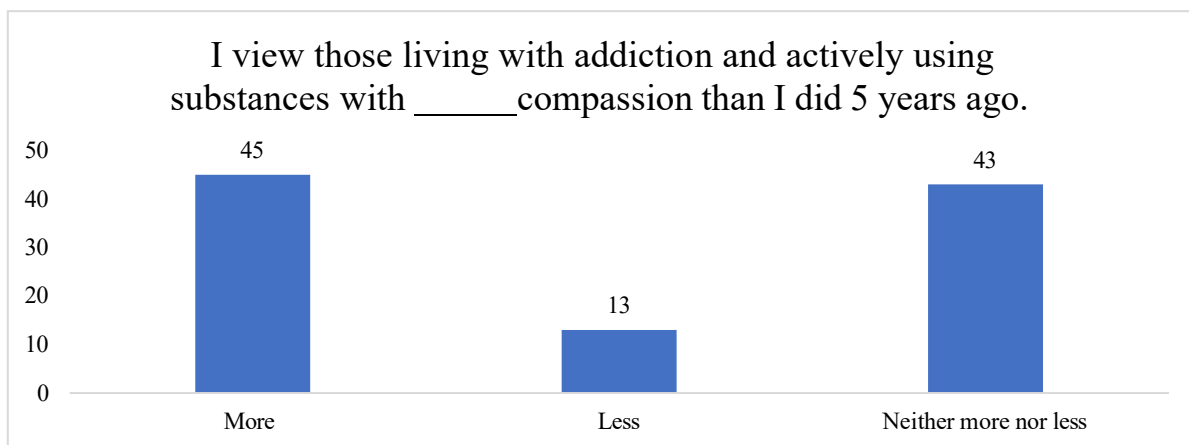
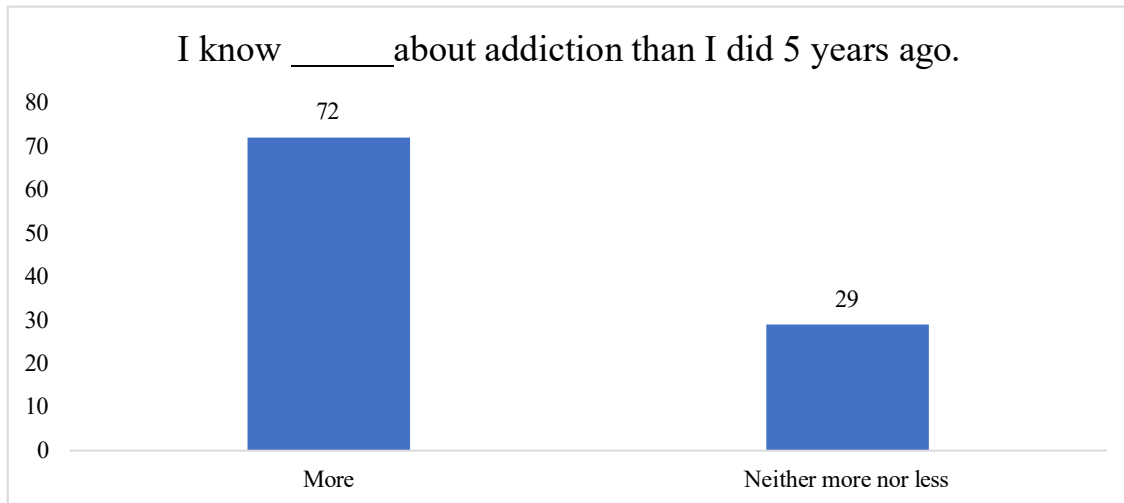
- Addiction as a result of failing morally was the popular belief for some time. But, at some point, individuals on the Central Kenai Peninsula started to believe otherwise. Addiction being a disease and people living with addiction as being human have become much more common beliefs in just the last five years.
  - These changes may be due to a number of factors:
    - The media in general has shared mental health and addiction information, and this information has reduced the stigma attached to addiction and those living with addiction
    - Change 4 the Kenai has held a number of races called “Stomp out the Stigma,” which aimed to decrease the stigma around addiction and decrease the belief that addiction is a result of being a moral failure.
    - Change 4 the Kenai has produced over 60 podcasts related to recovery and recovery resources to help humanize the person living with addiction.
- Change 4 the Kenai can let the Central Kenai Peninsula know about the discrepancy between the actual belief and the perceived belief.
  - Change 4 the Kenai aims to use anti-stigma and educational media to do such a thing in the near future.



#### Additional promising findings from the survey include:

- Most Central Kenai Peninsula residents surveyed reported they have learned more about addiction over the last five years.
- Many residents report an increase in compassion for those living with addiction and actively using substances.
- Most report that they favor rehabilitation over retribution in the situation where a person living with addiction and actively using substances commits a non-violent crime.
- Central Kenai Peninsula residents display a strong increase in compassion for those living with addiction and actively using substances.
  - Not only are knowledge and compassion increasing, but Central Kenai Peninsula residents also display that they prefer restorative practices for those living with addiction actively using substances instead of punitive practices in some circumstances.

- An astounding 74% of people stated that if someone who was living with addiction and actively using substances committed a non-violent crime, the person should be directed to a treatment center instead of being sent to jail.



**Change 4 the Kenai has put a significant amount of resources toward:**

- Equipping our communities to appropriately respond to overdose
- Educating our communities
- Reducing stigma.
- As evidenced by the results of the survey, the residents of the Central Kenai Peninsula are learning more about addiction, increasing in compassion, and are open to restorative forms of justice.
- Finally, members of the Central Kenai Peninsula appear to be in a place of pluralistic ignorance, providing C4K a unique opportunity to address this misperception and further reduce stigma.

# Chapter 9 - Recommendations

The key health findings and recommendations contained in this report are intended to provide a summary of key community behavioral health needs that will provide implementation of programs.

## Recommendation: Overdose Education and Naloxone Distribution

Increase trained bystanders of Overdose Education Naloxone Distribution and increase number of community members carrying Naloxone for use in an overdose to reducing Alaskans deaths from unintentional injury. Continue to provide COPE classes while, exploring options of online training module and sending naloxone by mail once participant has completed training. Work on policy changes that mandate Naloxone script when opiate script is written and low cost copays for Naloxone by private insurance plans.

Areas within the assessment that identified the need for this recommendation- Chapter 5: Overdose Deaths, Chapter 5: Pharmacy Surveys, Chapter 7: Knowledge of Health risks.

Goal 1: *Overdose Education and Naloxone Distribution*

	Objectives	Action Steps	Accountability	Time Frame	Expected Outcomes
A	Increase trained bystanders of Overdose Education Naloxone Distribution	#of trainers # of individuals trained, #scripts or #kits distributed	Coalition staff and members	In progress	Reducing Alaskans deaths from unintentional injury

B	Increase number of community members carrying Naloxone for use in an overdose	# of individuals trained, #scripts or #kits distributed	Coalition staff and members	In progress	Reducing Alaskans deaths from unintentional injury
C	Explore option of online training module, send naloxone by mail once participant has completed training.	Development stage	Coalition staff and members	In progress	Reducing Alaskans deaths from unintentional injury
D	Policy changes that mandate Naloxone script when opiate script is written and low cost copays for Naloxone by private insurance plans.	Policy change, stakeholder engagement	Coalition staff and members  Community leaders	Planning stage	Reducing Alaskans deaths from unintentional injury

## ***Recommendation: Standardized treatment protocol for addiction referral, Detoxification, and medicated assisted treatment***

**Decrease stigma by medical providers by increasing knowledge of standardized protocol for addiction referral, detoxification, and medicated assisted treatment.**

**Areas within the assessment that identified the need for this recommendation- Chapter 3: Stigma, Chapter 3: Access to Services, Chapter 4: Priority Issue.**

<i>Goal 2: Standardized treatment protocol for addiction referral, Detoxification, and medicated assisted treatment</i>					
	Objectives	Action Steps	Accountability	Time Frame	Expected Outcomes
A	Increased awareness of standardized treatment protocol for addiction referral, detoxification, and medicated assisted treatment referrals of 18-30 year old injection drug users	#Training logs # sign in sheets # waived providers	Coalition staff and members, CDC Psych Committee, Medical staff	In progress	Reduce the proportion of Alaskans experiencing infectious disease  Reducing the number of Alaskans experiencing Alcohol and Drug Dependence and Abuse

B	Increase treatment referrals, access to detox and medicated assisted treatment to 18-30 year olds from injection drug use	#Treatment referrals # Total Admissions # 18-30 year old admissions # IDU admissions # 18-30 IDU admissions	Coalition staff and members, CDC Psych Committee, Medical staff	In progress	Reduce the proportion of Alaskans experiencing infectious disease Reducing the number of Alaskans experiencing Alcohol and Drug Dependence and Abuse
C	Increase of 15% in 18-30 year old injection drug users referred to treatment, detox and medicated assisted treatment	#Treatment referrals % Total Admissions % 18-30 year old admissions % IDU admissions % 18-30 IDU admissions	Coalition staff and members, CDC Psych Committee, Medical staff	In progress	Reduce the proportion of Alaskans experiencing infectious disease Reducing the number of Alaskans experiencing Alcohol and Drug Dependence and Abuse
D	Reduce Stigma or bias towards injection drug users when seeking care	#Treatment referrals #Training logs # sign in sheets # waived providers	Coalition staff and members, CDC Psych Committee, Medical staff, Treatment Alumni	In progress	Reduce the proportion of Alaskans experiencing infectious disease Reducing the number of Alaskans experiencing Alcohol and Drug Dependence and Abuse

# Recommendation: Kenai Kids ACE's Education

ACEs and resilience educations to community with concentration on childcare providers, parents and youth. We will work with youth organizations and other prevention coalitions to address the high ACE scores in our community. We will encourage resilience minded activities amongst our youth providers.

Areas within the assessment that identified the need for this recommendation- Chapter 3: Adverse Childhood Experiences, Chapter 5: Family Impacts.

Goal 4: Kenai Kids ACE's Education					
	Objectives	Action Steps	Accountability	Time Frame	Expected Outcomes
A	Contact local childcare providers	# contacted	Coalition members, Other coalitions, Childcare providers, Schools, educators	In progress	Increase the proportion of Alaska youth with family and/or social support
B	Identify high frequency users	# of centers trained # of staff trained Survey results	Coalition members, Other coalitions, Childcare providers, Schools, educators	In progress	Increase the proportion of Alaska youth with family and/or social support
C	Develop alternatives for care	# of providers displaying ACES Materials Surveys	Coalition members, Other coalitions, Childcare providers, Schools, educators	In progress	Increase the proportion of Alaska youth with family and/or social support
D	Provide community wide ACES education training	# of attendees # of Surveys	Coalition members, Other coalitions, Childcare providers, Schools, educators	In progress	Increase the proportion of Alaska youth with family and/or social support